Clinical Remarks ON CASES OF BRIGHT'S DISEASE.

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OF the many cases of structural disease of the kidneys which are constantly presenting themselves amongst the numerous out-patients of the Royal Free Hospital, I selected, a short time since, the first two which came before me. I placed them as in-patients under my care, with the intention of closely watching them, and particularly of determining the nature and extent of the practical aid in diagnosis, prognosis, and treatment, to be derived from a careful and rigorous microscopical and chemical examination of the urine. The results obtained are so striking and of such importance that they are well deserving of a few clinical remarks.

The first case is that of Francis S——, now in Ward A, an old man aged sixty-seven, a navigator, and consequently he has been much exposed to cold and wet; he is subject to mild attacks of gout; and, although he drank a good deal of beer when at work, he has been of strictly temperate habits. He has never had syphilis or been mercurialized. When admitted to the hospital, on the 20th of October, he had both general anasarca and ascites; he was also suffering from bronchitis, and had been subject to winter cough for some years.

For the first fortnight after admission the treatment consisted of an occasional vapour-bath, dry-cupping of the loins, of compound jalap powder, and a soothing mixture for his cough. The diet ordered was liberal, and included a small quantity of stout and wine. Up to this time the urine had been only occasionally examined; it was found to be albuminous and of low specific gravity. On the 30th of October, and on the 1st, 2nd, 3rd, 4th, 5th, 6th, and 7th of November, the urine of each twenty-four hours was carefully collected, examined microscopically, and tested chemically.

Results of microscopical examination.—After being poured into a conical glass and allowed to stand at rest for some hours, a rather copious sediment subsided. This was first examined Nov. 1st. It was of a reddish colour, and found to consist of a large number of renal casts of various sizes and diameters, some particularly large, some nearly plain, others granular, and many containing small round or oval granular cells; of many granular cells in a free state; of a few blood-corpuscles and crystals of uric acid. No fatty molecules or cells were present. Examined on several subsequent occasions, the sediment presented the same characters and elements, all of which are most faithfully pourtrayed by Mr. Tuffen West in the annexed engraving.

FIG. 1.

Magnified 220 diameters, but the crystals of uric acid 100 diameters.

The results of the microscopical examination furnish us, therefore, with one important piece of information—important alike in relation to diagnosis, prognosis, and even treatment, since it has clearly demonstrated that the case of F. S—— is one of granular degeneration or desquamative disease of the kidney.

Results of the chemical analysis of the urine.—The results of the chemical analysis of the urine will be readily appreciated by running the eye over the following table.

TABLE I.

FRANCIS S——. (*Composition of the Urine of twenty-four hours.*)

——	Oct. 30.	Nov. 1.	Nov. 2.	Nov. 3.	Nov. 4.	Nov. 5.	Nov. 6.	Nov. 7.	Mean.	Healthy Urine.
Quantity	76 oz.	60 oz.	112 oz.	124 oz.	87¾ oz.	88 oz.	85¼ oz.	91¾ oz.	90 oz.	52¼ oz.
Specific gravity ...	1011	1010·8	1012	1010	1012	1013	1013	1011	1011·5	1025
Acidity (as oxalic acid crystallized) ...	24·6	...	34·3	37·97	22·79	25·67	27·8	32·72	25·73	37·8
Albumen	40	31·5	56	62	76·87	109·14	105·6	82·56	70·40	...
Urea	416	294	431	531	434	423·5	513	361·00	425	512·4
Uric acid	5·18	3·5	6·12	7·0	7·3	5·93	7·35	7·16	6·2	8·56
Phosphoric acid	17·3	14·7	23·5	28·0	20·3	22·3	30·0	28	23·1	48·8
Sulphuric acid	19·4	16·5	28·4	34·7	25·17	29·2	31·51	26·5	26·4	31·11
Chlorine	99·7	78·75	142	151·9	125	126	104·6	102·3	116·3	126·76

A little consideration of these figures will teach us that they also convey much information, likewise of a practical character.

First, it will be observed that the urine is much in excess of the normal quantity. The average daily excretion of healthy men is, in the twenty-four hours, about 52¼ oz., whereas that of Francis S—— amounts to 90 oz. This shows us that at present there is no impediment to the escape of the urine by the kidneys, and consequently that those organs have not yet become much contracted and wasted. The approach to the normal quantities of the sulphuric acid and chlorine confirms

the same important inference. Lastly, the figures show that the amount of albumen excreted, though large, scarcely reaches one-third that which is met with in the most serious and advanced cases.

We have thus, then, through the methods of investigation adopted, obtained an important insight into this case, and such as, without special and scientific inquiry, we could never have arrived at by mere general observation of the outward symptoms. Thus we have learned that the case is one of granular degeneration of the kidney—by no means the worst form of kidney-disease; that it has not reached a very advanced stage; that excretion is not much impeded; that therefore there is little danger to be apprehended as yet of coma or convulsions from either form of blood-poisoning,—namely, that by retention of urea or of carbonate of ammonia resulting from the decomposition of that substance; and that, lastly, the drain upon the resources of the system through loss of albumen, though considerable, is by no means excessive.

The treatment during the first half of November consisted of an occasional vapour-bath, solution of the perchloride of iron, and of a saturated solution of oxygen in water; a highly nutritious diet was ordered, consisting of as much meat as he could eat, especially mutton chops, thrice daily, two or three eggs, and a moderate quantity of stimulant. Under it the dropsical effusion gradually disappeared, till, on the 17th inst., both the anasarca and ascites were entirely removed.

The urine from November 22nd to the 25th inclusive was again subjected to microscopical examination and chemical analysis, the results of this latter proceeding being shown in the accompanying table.

TABLE II.

FRANCIS S——. (*Composition of the Urine of twenty-four hours.*)

——	Nov. 22.	Nov. 23.	Nov. 24.	Nov. 25.	Mean.	Healthy Urine.
Quantity	97 oz.	80½ oz.	90 oz.	95½ oz.	90 oz.	52½ oz.
Specific gravity	1009·8	1009·2	1010	1010·6	1009·9	1025
Acidity (as oxalic acid crystallized) ...	36·17	20·77	23·82	28·0	27·19	37·8
Albumen	30·91	19·36	27·33	24·17	25·5	...
Urea	480	380	484	536	470	512·4
Uric acid	3·9	4·75	7·26	9·8	6·5	8·56
Phosphoric acid	27·2	22·5	24·2	24·2	24·5	48·8
Sulphuric acid	34·0	36·6	40·0	46·9	39·5	31·1
Chlorine	75·6	63·4	80·0	114	83·0	126·76

It will be seen at a glance that these results are highly encouraging and favourable. The quantity of urinary water is still large, and the amount of albumen reduced from an average of 70·4 grains to only 25·5 grains in the twenty-four hours.

The results of the microscopical examination are equally satisfactory, not that the characters of the sediment were essentially different, but the amount was greatly reduced.

Results of the examination of the blood.—On the 17th of November Mr. Hill abstracted a small quantity of blood, which had the following composition:—

S——'s Blood.		*Healthy Blood.*	
Fibrin and blood-corpuscles	120·0	Fibrin and blood-corpuscles	143·0
Albumen	59·0	Albumen	69·40
Water	821·0	Water	787·60
	1000·0		1000·0
Spec. grav. of serum = 1026·6		Sp. gr. of healthy serum = 1028	

By this method of investigation still further light was thrown upon the case. The object of this proceeding was to determine the extent to which the blood had suffered from the disease—how far, in fact, it had become impoverished. Contrast the above results with those of the composition of healthy blood, and we are at once furnished with the proof. The contrast would have been much more striking had the blood been withdrawn at an earlier period, since on the 17th of November, it must be remembered, the dropsy had entirely disappeared, and the excretion of albumen reduced to about 25 grains per day.

That this case will end in recovery there cannot be a doubt; indeed it may be stated that it has already done so: the anasarca has disappeared for nearly a month, the patient has regained strength and flesh, and the albumen on the 11th, 12th, and 13th of December was only 10·7, 7·8, and 8·75 grains, giving a mean of about 9 grains each twenty-four hours.

The second case is that of Edward G——, a young man aged twenty-three, also placed in Ward A, and who was admitted into the hospital on the 29th of October. He is well developed and muscular, but of a pale and pasty complexion. His occupation is that of a shoemaker; he has therefore led a sedentary life, and has been much deprived of air and exercise; he has also been accustomed to drink gin freely. When admitted, he was labouring under universal anasarca, the integuments of the chest, back, and even of the arms, pitting on pressure; and he was also suffering from bronchitis. The treatment for some days after his admission consisted of the vapour-bath, dry-cupping of the loins, and the use of compound jalap powder. The urine was found to be loaded with albumen, but it was not till Nov. 1st that it was collected for seven consecutive days and subjected to microscopical and chemical examination.

Results of the microscopical examination.—On being allowed to remain at rest for some hours, a large quantity of a mucus-like cloud was found to have subsided. This was ascertained to be made up in great part of numerous large, rounded and oval, darkly shaded cells, in the free state, filled with rounded shining molecules of oily or fatty matter; of oil-globules, not enclosed in cells, but floating freely in the urine; of a very few short fragments of renal casts, some nearly plain, but the majority enclosing either one or more of the large oily cells already described, or being occupied with the oily globules not enclosed in cells. The deposit was free from blood-corpuscles and crystals of uric acid (see Fig. 2).

The contrast in the character of the elements contained in this urine with those in Francis S——'s case is most striking. Here again, then, by means of the microscope, most important information has been obtained in respect to diagnosis, prognosis, and even treatment. It is unquestionable that we have here a well-marked case of fatty degeneration of the kidney; and it is evident that, notwithstanding the youth of the patient, his well-developed frame and fleshy body, the prognosis is far less favourable than in the case of Francis S——. Here obviously the structure of the kidney has undergone such changes that it is difficult to believe it can ever be restored to a state of integrity. The urine was now tested chemically.

Results of the chemical analysis of the urine.—These results are best exhibited in the tabular form, and it will be seen that they furnish us with valuable practical information, affording us a further insight into the condition of the kidney, and aiding us still more in our prognosis.

TABLE III.

EDWARD G——. (*Composition of the Urine of twenty-four hours.*)

——	Nov. 1.	Nov. 2.	Nov. 3.	Nov. 4.	Nov. 5.	Nov. 6.	Nov. 7.	Mean.*	Healthy Urine.
Quantity	40 oz.	72 oz.	43 oz.	19½ oz.	48½ oz.	55½ oz.	50 oz.	51½ oz.	52½ oz.
Specific gravity	1019·16	1025	1023	1019·6	1022	1020	1019·8	1021·6	1025
Acidity (as oxalic acid crystallized) ...	...	28·35	14·8	6·2	18·88	16·10	9·91	17·6	37·8
Albumen	214	450	257·0	105·9	307·2	332·5	304·0	310·8	...
Urea	329	567	289	128·8	358·5	396·4	342·0	380	512·4
Uric acid	5·7	10·39	4·36	2·0	7·1	7·43	7·5	7·08	8·56
Phosphoric acid	21·0	40	23·7	8·75	26·3	23·0	25·7	26·6	48·8
Sulphuric acid	12·5	21·16	14·0	4·56	16·97	21·2	20·50	17·7	31·1
Chlorine	91·0	163	65·8	32·1	92·9	93·0	72·1	96·3	126·76

* Omitting November 4th.

First, these figures plainly show us that there is diminished elimination, especially of urea, resulting partly from the impediment to its passage owing to the structural changes in the kidney. Whereas the average normal excretion of urea in the case of healthy men amounts to 512 grains, in that of Edward G—— it reached only 380 grains. There are therefore the dangers of retention, in some degree, to be apprehended. Secondly, it is obvious from the table that the excretion of albumen is treble that passed by Francis S——, even when his case was at the worst: a fact which still further confirms the unfavourable impression derived from the results of the microscopical examination. We have thus then in this, as in the previous case, obtained through the use of the microscope and of chemistry information which could not have been procured in any other way: we have brought to light facts of not merely scientific interest, but which elucidate the prognosis, diagnosis, and treatment of the case.

The vapour-bath was now ordered every second day, and from it he derived great relief. Solution of the perchloride of iron, sulphate of quinine, with non-stimulating diuretics and soothing remedies for his cough, were also prescribed. He was ordered to take three eggs daily, and twenty ounces of cooked meat; unfortunately, however, he was unable to take much of the nourishment ordered, owing to his appetite being so indifferent. He was also directed particularly to abstain from fatty matters of all kinds. By the 21st of November the anasarca was greatly diminished, insomuch that the legs gave scarcely any evidence of pitting on pressure.

The urine was again collected from Nov. 22nd to Nov. 25th inclusive, and subjected to microscopical examination and chemical analysis. The results of the examination by means of the microscope did not differ materially from those first obtained; while those furnished by the chemical analysis will be seen by reference to Table IV.

FIG. 2.

Magnified 220 diameters.

TABLE IV.

EDWARD G——. (*Composition of the Urine of twenty-four hours.*)

——	Nov. 22.	Nov. 23.	Nov. 24.	Nov. 25.	Mean.	Healthy Urine.
Quantity	31 oz.	30 oz.	32 oz.	36½ oz.	32½ oz.	52½ oz.
Specific gravity	1021·5	1020·5	1022	1022·4	1021·6	1025
Acidity (as oxalic acid crystallized) ...	11·08	11·2	12·76	15 32	12·59	37·8
Albumen	259·9	261	296	327	286·0	...
Urea	273·6	263·7	276	300	278·3	512·4
Uric acid	6·6	5·0	6·6	7·3	6·4	8·56
Phosphoric acid	23·0	21·6	23·0	28·7	24·1	48·8
Sulphuric acid	15·3	14·2	13·6	12·8	14·0	31·1
Chlorine	47·2	44·8	55·3	43·6	48·0	126·76

Remembering that the dropsy had almost entirely disappeared at this date, one was naturally disappointed to find that the urinary water, urea and other solids, were so scanty, and the the urine so loaded with albumen, although, as will be seen, there was a slight diminution in its amount. While the mean of the first analysis was 310 grains for each twenty-four hours, that of the second series was 286 grains.

Results of the examination of the blood.—A small quantity of blood was abstracted in this case, and its examination furnished the following results, which, when placed beside those exhibiting the composition of healthy blood, show to what a serious extent G——'s blood had become impoverished by the enormous loss of albumen. It should be stated, however, that with the blood a small quantity of the serum which had become effused into the tissues was also abstracted.

Edward G——'s Blood.		*Healthy Blood.*	
Fibrin and blood-corpuscles	86·80	Fibrin and blood-corpuscles	143·0
Albumen	23·70	Albumen	69·4
Water	889·50	Water	787·6
	1000·0		1000·0
Specific gr. of serum =	1008·1	Specific gr. of serum =	1028·0

It will be perceived that it is not alone the albumen which has suffered, but the fibrin and red corpuscles as well. For the diminution in the amount of the red corpuscles it appears to me that a physical explanation may be given, and that as the serum of the blood becomes more and more watery from the loss of albumen, so it acts upon and gradually dissolves the red blood-corpuscles, in precisely the same way as a weak albuminous solution out of the blood will act upon them. Altogether, then, the prognosis in this case is of the least favourable character.

Principles of Treatment of Bright's Disease.

I have now to make a few remarks relative to the principles upon which Bright's disease should be treated, as illustrated by the cases which have just been briefly narrated. What these principles are we shall experience but little difficulty in determining if we recall to mind the leading circumstances connected with these cases.

We must remember that in both cases there has been a very large drain of albumen; that the blood has consequently become impoverished; that its serum is so deficient in albumen that, in obedience to the law of endosmosis, it readily transudes from the containing vessels, and makes its way into the surrounding tissues and cavities, giving rise to the anasarca which was present to so large an extent in these cases on their first admission; that the system, therefore, is permeated, and the various functions of the body impeded and deranged by the presence of this excess of water.

That coincident with this loss of albumen there is also diminution of the red blood-corpuscles, as shown by the analysis given, and probably also of the fibrin. Of this destruction of the red blood-corpuscles the peculiarly pallid aspect of the face in both patients alone affords a sufficient proof.

That in the case of G—— the kidneys are in a state of fatty degeneration; and that, owing to the structural changes which have taken place in those organs, there is diminished elimination; and that consequently the dangers of uræmic poisoning and convulsions are to be apprehended.

I reiterate, therefore, that when these particulars are duly impressed upon the mind we can be at but little loss to comprehend the true principles on which such cases should be treated.

Thus it is obvious that our first endeavour should be to relieve the system of the surplus water which pervades the tissues, more especially the cellular tissue; and it is also obvious that, in consequence of the great loss of albumen, this object should be effected with as little additional loss of that principle as possible. This purpose is commonly sought to be attained by the free use of diuretics, and these sometimes of a very irritating character. Now nothing can be worse than this practice as a system, for it is one fraught with danger to the structure of the kidney itself, and one which, by increasing the elimination of the albumen, contributes to the reduction of that strength which is already disappearing with such rapidity. Of course diuretics are of great value in the treatment of some cases of Bright's disease, but then they must not be indiscriminately used, and should not be relied upon as the chief means employed for the removal of the dropsy.

Another means whereby an endeavour is made to disperse the dropsy is by purgatives. These are also objectionable, though less so than the use of diuretics, since by them something more than water is abstracted, and they tend consequently to increase the weakness. Valuable, therefore, as purgatives are in many cases, they likewise should not be too much relied upon for the removal of the effused water.

The means of all others which should be resorted to is the frequent use of the vapour-bath. This is both powerful and safe, and admirably adapted to the object in view. A vast surface is brought into action, and little besides water is eliminated. The effects of the vapour-bath are usually most marked, and so grateful to the patient, that, as was particularly the case with Edward G——, he often asked to be allowed to have it repeated at shorter intervals than had been ordered.

Next, remembering the enormous drain of albumen from the system, and the consequent impoverishment of the blood and weakness thus produced, it is obviously most desirable that this loss should, as far as possible, be replaced. The best idea that can be given of the extent of the drain upon the system through the loss of albumen is furnished by reference to the quantity of blood represented by the amount of albumen daily discharged. In the case of Francis S—— the loss of dried albumen when his malady was at its height amounted to 70·4 grains in the twenty-four hours; being the quantity contained in 1000 grains or 2¼ ounces of blood. In Edward G——'s case the mean daily loss of dried albumen was in the first series of analyses found to be 310·8 grains, equal to 4400 grains or 10 ounces of blood. Now supposing this drain to continue daily, in forty-seven days and seven hours he would have lost a quantity of albumen equal to that of the whole of the blood contained in the body. The diet therefore should be highly albuminous, and should consist of eggs (especially the white portions) uncooked and of plenty of juicy and underdone meat. Unfortunately our wishes in this respect are often frustrated by the want of appetite of the patient: thus while Francis S—— took freely all the eggs and meat ordered, Edward G—— did not consume nearly the quantities of meat apportioned to him.

The third indication which must be fulfilled to still further improve the condition of the blood consists in the administration of such tonic remedies as act especially on the red corpuscles, as some of the preparations of iron. This indication may probably be promoted by the oxygenation of the system as far as possible by pure air and the use of an aqueous saturated solution of oxygen.

Lastly, we must endeavour to reduce the amount of albumen discharged by the administration of appropriate astringent remedies, such as gallic acid.

Of course in some cases there are other indications which require to be attended to, and which may possibly arise hereafter in that of Edward G——. Thus coma or convulsions may supervene. Upon the consideration of the appropriate treatment for these conditions it is not necessary that I should at present enter, as my object is to dwell chiefly on the treatment of Bright's disease only so far as this is elucidated by the two cases the histories of which I have given in the foregoing remarks. We should not forget, however, that Edward G——'s is a case of fatty degeneration, and that therefore his diet has been regulated accordingly, and fatty and oily matters prohibited.

The days are passing away, but they have not yet entirely gone, when medical men ask of what use are all these researches, microscopical and chemical, relating to disease? Surely we can heal disease and cure it, if it be curable, just as well without such disquisitions? The correctness of this assumption I dispute, and in support of my denial I need, I am sure, do no more than refer to these cases, the particulars of which have just been recorded. Without the microscopical and chemical researches detailed the diagnosis would have been impossible; the prognosis probably wrong, because we should have thought in all likelihood that the younger man, G——, stood the best chance of recovery; the judgment as to the progress of the case towards recovery fallacious, for, judging by outward symptoms, G—— seemed at one time to be in as fair a way for recovery as S——; and, lastly, we should have been without any rational or scientific grounds for instituting a difference in the treatment of the two cases.

VACCINATION IN THE PUNJAUB.—The Punjaub Government, dissatisfied with the manner in which the present vaccine operations are carried on in that province, have appointed Dr. Garden, the present superintendent of vaccination at Simla, to be the general superintendent of that department throughout the province.

Clinical Observations
ON LITHOTOMY.

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GENTLEMEN,—The anatomy of the perineum has been made unnecessarily complicated by the arbitrary subdivision of the fasciæ into numerous layers, which do not exist in nature. We meet successively with the skin; subcutaneous tissue and superficial fascia; the muscular fascia; the layer of muscles—namely, erector penis, accelerator urinæ, &c.; the interosseous membrane or ligamentum triangulare. Beyond this lies the pelvic fascia. Remember these two points: first, the triangular ligament does not extend below the urethra; secondly, the vessels of the perineum are very irregular in their course and distribution. The distance between the neck of the bladder and the surface of the perineum depends on the thickness of the subcutaneous strata, varying from two to four inches. The neck of the bladder lies about an inch behind the symphysis pubis, in which spot it is held firmly by its ligaments. It is a fault with many surgeons to cut too much backwards when the knife leaves the groove of the staff and runs between the bladder and rectum. The operation is always an anxious one, because the greater part is performed on structures which are out of sight; but, when difficulties arise, they almost invariably proceed from the fact that the surgeon has missed making a proper opening for the extraction of the stone. In this hospital, where high antiquity gives a traditional interest to its rules, it has never been in my remembrance the custom to draw off the urine just before the operation, and to distend the bladder by the injection of warm water. Such a proceeding is unnecessary and tedious, and is apt to disturb parts. But the rectum is always carefully emptied by means of an injection, and the patient is enjoined to hold his water as much as possible. The position of the patient is that commonly adopted elsewhere.

I do not recommend that the first incision be very deep. When the skin has been divided to the proper extent, the fat and subcutaneous tissue will readily yield to any amount of pressure. By adhering to this rule you often avoid wounding arteries of considerable size, or even a part of the bulb. The point of the forefinger of the left hand should then feel for the staff as it lies under the pubes, and the knife should be made to enter the groove by being pushed obliquely upwards, inwards, and backwards, so as to pass if possible *behind* the bulb and its arteries, being introduced about the middle of the external wound.

The membranous part of the urethra is that usually first opened, and some urine often escapes; but do not hurry the withdrawal of the staff. Press the knife onwards, followed by the left hand, until you can get the forefinger well into the prostate, when in most instances you can dilate to a sufficient extent. I believe the more we dilate and the less we cut the better. In a case which I had the opportunity of examining, the membranous part of the urethra was opened, the prostate partially divided, and the neck of the bladder had the smallest possible incision. In the choice of instruments, every surgeon has his own fancy. I commonly complete the operation with an ordinary knife; but in cases of very deep perineum a beaked knife is to be preferred, and in this case it is perhaps better that, as he presses the instrument through the prostate, the surgeon should depress the handle of the staff with his left hand. The stone is removed either by the forceps or the scoop. It may sometimes be turned out by the finger. There is no need of alarm should a moderate amount of hæmorrhage ensue; indeed patients in whom this occurs seem often to make the most rapid recovery. Death from hæmorrhage is extremely rare. Do not introduce a gutta-percha tube into the bladder through the wound. If the incisions are properly made, the urine will flow through the wound without difficulty. The patient should be put on his left side, a layer of mackintosh under the buttock; the feet should be tied together, the thighs slightly flexed. The diet should be nutritious, and an opiate should be given at night-time if necessary. Cases for the most part do very well, unless there should be disease of internal organs, and more especially if the kidneys be affected.

It has been asserted that in the London hospitals the mortality from lithotomy is 1 in $4\frac{1}{10}$. Whether such a statement be true or not in the aggregate, it is hard to say. There may be incompetent operators or ill-ventilated or badly-arranged buildings. In St. Bartholomew's Hospital the mortality is about 1 in 10, nearly the same as in the days of Cheselden. I have had six consecutively successful cases, and others of my colleagues could give an equally favourable return.

I directed your attention to the case of a young man in Pitcairn ward, who is convalescent from the lateral operation performed nearly three weeks ago. You may remember that he suffered severe pain in micturition, and was liable to epileptic fits in rapid succession. The stone, when extracted, was found to be composed of oxalate of lime; it was as black and as nodulated, and in size the counterpart of a mulberry. Since the operation the lad has had but one slight epileptic seizure, and that during sleep. He is now so far recovered that I can scarcely persuade him to remain in bed.

As in the male, so in the female, I should say, Dilate, but do not divide more than is absolutely necessary. Those who have not tried will scarcely believe the extent to which the female urethra, the homotype of the membranous and prostatic portions of the urethra in the male, will yield to slow distension.

ON THE TREATMENT OF CONGENITAL CLEFT PALATE.

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IN presenting the subject of the treatment of congenital cleft palate for consideration, I must beg the indulgence of the readers of THE LANCET if I present no new or original thoughts; and if the statements I make or the views I shall advance shall seem to conflict with the opinions of the profession in England, they are, nevertheless, the generally accepted opinions at this time in the Transatlantic States.

I shall not enter into any discussion of the causes of this deformity, nor any extended description of the variety of extent which this malformation assumes. So far as I know, no research has discovered the cause of this arrest of development, nor any means of preventing it. It does not seem to any extent to be entailed or transmitted to offspring. In but few instances which have been brought to my knowledge has there been any evidence that the defective organization was inherited. In some instances it has appeared in several children of the same parents; but in a large majority of cases they are the solitary instances in the family. Neither is there any uniformity in its extent.

If we take the uvula as the starting-point, we sometimes find merely a bifurcation of that organ, and from this very slight defect it is presented with every gradation of extent, into the velum, to the posterior edge of the palatine bone, to the base of the alveolar ridge, and sometimes dividing the maxilla along the line of either or both the nasal passages.

The only evils arising from this deformity worthy of our attention are its influence on deglutition and articulation. These functions of deglutition and articulation being unlike each other in the fact that the former is a natural, while the latter is an acquired or a mechanical function, it will readily be seen that the loss of any of the organs concerned may influence the two in a very different manner. A person suffering from a congenital defect of an organ concerned in a natural function may by repeated efforts acquire such a control over the remaining organs as to experience no real discomfort from his defect. A child born with a defective velum or palate must of necessity find the function of deglutition during all the earlier periods of its life, and especially while it is dependent upon fluids for nourishment, much impaired. To such an extent have these poor unfortunates suffered from this deformity, that there is no doubt that many lives have been sacrificed solely from want of nourishment. But when the deformity is discovered by the nurse, and accommodation made to meet the child's condition, it is very soon able to obtain all the food necessary to its deve-

lopment; and long before it has attained years of discretion it will have obtained such control over the remaining organs of deglutition as never to experience any great discomfort from the defect. I have never conversed with an intelligent patient who was troubled with a regurgitation of food, either fluid or solid, unless the head was inclined considerably forwards. In fact, the physical comfort of an adult patient with congenital fissure of the palate is in no way seriously impaired.

But in regard to the mechanical function, that of making articulate sounds, it is quite another thing. The perfection of speech being dependent entirely upon the intelligent use of perfect organs of speech, it follows as a necessary consequence that no amount of repeated efforts or practice can make up for the absence of organs essential to that acquirement. It follows, also, that nothing can produce this result short of restoring to a certain degree of perfection the defective organs. We can therefore come to no other conclusion than that the only demand for any method of treatment is with a view of improving the speech.

It is necessary, before proceeding further with the discussion of this subject, that we understand pretty fully the mechanical action of the organs concerned in articulation, and particularly the offices of the velum; also, for the purposes of this discussion, I desire to draw a marked distinction between voice and speech. The terms are often confounded, even by learned men, when treating of this subject, in a manner which seems to me unwarrantable. For the present, therefore, let us consider the term voice as applying to all the elementary sounds of language formed in the larynx, and speech as applying to the modulation of such sounds by the organs situated between the pharynx and lips inclusive. The voice is not affected by a fissured velum, but all those elementary sounds of articulate language which are modified to a greater or less degree by the velum are more or less defective, dependent to some extent upon the size of the fissure.

It is the modifications of the voice by the organs before alluded to which come to be understood in process of time as speech. Articulate language, therefore, to be clear, distinct, and uniform, must be the result of the intelligent use of comparatively perfect organs. The improper use of, or the absence of perfect organs, can only result in defective articulation.

I am surprised that this matter should have been overlooked in many instances by professed elocutionists. I have known professors of elocution receive as pupils persons suffering from defective organs of speech, with the encouragement of perfect articulation held out as the result of education. It is physically impossible for such a result to follow under such circumstances.

So far as I have read, it seems to me too little credit has been given to the velum by physiologists as an organ of speech. I would, therefore, claim for it that it exercises a more important office in the modulation of sound than any other organ except the tongue. By it, in conjunction with the pharynx, the voice is directed entirely through the oral cavity; by it, in conjunction with the tongue, the voice may be directed entirely through the nasal cavity, and by it the voice may be divided and directed through both channels. On it depend the tongue, teeth, lips, and other organs of the oral cavity for their current of voice, out of which to make articulate language.

It is essential to the purity of any spoken language with which I am acquainted, that, to produce certain sounds, the passage from the pharynx to the posterior nares should at times be entirely closed, while for other sounds it should be entirely open, permitting the whole voice to pass in that direction.

And in this connexion let me not be misunderstood as confounding the uvula with the velum. So far as my observations extend, the uvula exercises no control over the voice; and so far as any injury to articulation might follow, the uvula may be entirely removed, providing the velum and the pharynx have the power of closing the posterior nares. With congenital fissure of the palate it is, therefore, physically impossible for a person to speak the same language of those with perfect organs; and in this way only, in many cases, is the deformity betrayed to the society in which the person moves. It becomes us, therefore, not only as matter of professional pride, but on far higher and more noble grounds, those of sympathy with a class of unfortunates, in many cases as intelligent, as refined, and as sensitive as their more fortunate neighbours, though deprived by nature of one of the most delightful acquirements of man,—it becomes us to use every means in our power which shall give hope of their restoration to society. It is not uncommonly the case that a practice is continued because it has grown venerable with age, and will not yield to a better method through jealousy or pride.

In the treatment of fissured palate, the operation of staphyloraphy has long held its rank as the treatment *par excellence* for this deformity, and although, during all the earlier years of its history, it was accompanied with varying success, it has nevertheless been put in practice so often, that in a surgical sense little else can be desired or hoped for. Thanks to such men as Warren, Fergusson, Pollock, and others, who by their consummate skill have carried this operation to such a state of perfection, that they have proved all that can ever be claimed for it. Whatever may be the future of staphyloraphy, their operations will form a brilliant page in the history of surgery. That this should seem at first the most desirable treatment for fissured palate all must admit. What more natural than the suggestion to pare the edges and unite them by suture, and thus form a perfect septum in place of an impaired one? Thanks to the gentlemen before alluded to, their skill has proved in this country what cannot be said of my own: they obtain a union more or less complete in nearly every case. I have dwelt at some length in the beginning of this paper on the only object of any treatment of congenital cleft palate being with a view of improving articulation. How will staphyloraphy stand the test? Has it, as a rule, enabled the patient to conceal the evidence of the deformity from society? Or in other words, has it proved in any number of cases that it can be relied upon to enable a patient to articulate so clearly and distinctly as not to continually betray the defect? That it does improve articulation in many cases somewhat, and perhaps all more or less, all candid minds must admit, from the abundant statements to that effect. But if there is no serious difficulty experienced from a fissured palate in deglutition, and the only discomfort worthy of notice is the mortification arising from unintelligible or defective articulation, how far does limited improvement in speech answer the end desired and hoped for, and how far does it justify a tedious and painful operation, so long as the deformity is still patent to all? In this connexion let me quote from the highest living authority.

"The grand practical object of this operation is to improve the voice and articulation. Defective deglutition from this malformation is what attracts the mother's or nurse's attention in early life. The cries of infancy are in nowise peculiar in tone; but when definite articulation commences, or rather should commence, the value of an entire palate is then appreciated. The air and sound, in passing outward from the larynx, escape in part through the nostrils by the split in the palate. A nasal twang is the result, and articulation as in the normal state is impossible. Immediately after the operation the modification on the voice can be at once detected. ..... Improved articulation, however, comes slowly. Years, many years, are required for distinct articulation; and after the most successful operation for cleft palate, months and years are required to alter defective sounds. Voice and speech have to be modified anew. With some the changes come slowly and sluggishly; but with others they are so rapid and perfect that within a few years the original defect cannot be detected except by a practised ear."*

Out of the large number of surgical successes in this country, is it a rule that the patient is recompensed for the suffering undergone by the result obtained? I must confess I have no data from which to answer these inquiries; but I can speak knowingly of results in the American States, and while I have seen many cases where there was a good union throughout the entire length of the former fissure, I have never seen one where the speech was not defective, nor where the friends considered that it was *very materially* improved. And the opinions now entertained in France may be said to perfectly coincide with those held in my own country. In THE LANCET of Nov. 19th, 1864 I find a review of an article furnished by Mr. Pollock on Staphyloraphy for the fourth volume of "Holmes's System of Surgery," from which I make the following extract:—

"It is, we believe, a fact that the success which French surgeons have met with in this operation is so indifferent that it is practically abandoned in the French hospitals, notwithstanding the early trials by which Roux connected his illustrious reputation with staphyloraphy. The French surgeons now entertain the idea that, on the whole, the defect is best left to mechanicians.....But it is a very doubtful question whether surgery is exalted by thus surrendering its triumphs, and calling in the aid of a mechanist to supply defects which may be remedied by their surgical obliteration. Surgeons undertaking staphyloraphy should, however, always bear in mind one circumstance connected with the results of the operation. The most complete success in restoring the palate by union of the cleft by no means implies restoration of the articulation to a natural or intelligible standard. Long after, or even for ever after the suc-

* Mr. Fergusson, F.R.C.S., F.R.S. THE LANCET, June, 1864.

cess of the operation, in a surgical sense, the patient may continue to speak in a manner hardly less unintelligible and disagreeable than before. The use of the new palate can only be acquired by careful and intelligent practice in the mechanism of articulation. Much perseverance and careful tuition are constantly necessary to attain this end."

I can readily conceive, however, of rare presentations where, with abundance of material, a long uvula, and a good union, without much injury to the muscles, clear and distinct articulation ought to follow; but I think I am justified in saying that in a large majority of cases such a result is impossible. My reasons for such a sweeping assertion are as follows:—The newly-formed septum is too short at the boundary at the fauces, and generally somewhat more depressed than it would have been if it had united in its formation, thus contracting the passage between the tongue and the velum; the power of the levator muscle has been much weakened by the knife; the newly-formed septum is either taut or paralysed: and from this combination of causes the passage to the nares remains permanently open, thus permitting a large volume of voice to escape without the power of the tongue to exercise any control over or modify it. The ability to articulate any spoken language correctly must remain an impossibility so long as the velum and pharynx are unable to meet, and at will shut off that passage. I apprehend that on this point alone rest all the failures of whatever treatment; for the difficulties to be overcome at any other point are comparatively slight.

If staphyloraphy, then, comes so far short of accomplishing, in a majority of cases, all that is desired, we are very naturally led to inquire, Is there any hope from any other source?

Obturators have for a long time been resorted to for this object; and when we consider that probably the earlier applications of this instrument were for perforations of the palate induced by accident or disease, and that their good offices were made apparent immediately, it is not to be wondered at that much was expected from their use in congenital cases, and especially so when the true principle upon which an instrument should be adapted was so little understood. It is hard to reconcile the statements which have passed into history of the perfect results obtained by their use in congenital fissure. An obturator properly adapted as a bridge to span a simple perforation of the hard palate, from whatever cause induced, will accomplish all that any treatment can, but there its mission virtually ends. To claim that, with a fissured velum, the gap can be bridged over, or the posterior nares plugged, and perfect articulation follow, is to claim an absurdity—a total impossibility. A great deal of ingenuity has been wasted in their construction, and the claims for them must have been made in advance, without waiting for the proof.

In the present state of science and art, our only remaining hope of relief is the substitution of an elastic artificial appliance to fill up the gap. This simple idea is not a new one, neither is the application of it of recent date. Elastic artificial vela have been made, or attempted to be made, of some form or other, almost ever since the use of india-rubber for mechanical purposes, and, for aught I know, of other materials long before. One thing, however, is certain: the application of suitable elastic material, in skilful hands, for the treatment of these cases, is capable of producing far more satisfactory results than have heretofore been derived from any other source. The indications to be fulfilled by such an appliance are: an obturator, or covering for the cleft, which shall be perfectly adapted to the muscles against which it is to lie; shall be flexible—susceptible of all the motions of the velum or soft palate itself; shall be durable; easily detached and replaced by the patient; and, in a word, shall be so under the control of the surrounding muscles when *in situ* that the patient shall have the power, which in a normal state he would possess, of directing the voice at will either through the mouth or the nasal cavity, or both, as desired.

Such an instrument as that described has been brought to such a state of perfection that I have no hesitation in saying that it can be adapted to any case of congenital fissure of the velum that is usually seen, whether complicated with a fissure of the maxilla or not. It can be made so as to be retained *in situ*, without danger of misplacement; can be worn all the time from the first hour without discomfort; is capable of being raised and depressed and contracted upon itself by the muscles embracing it; and is so simple that a child cannot disarrange it to its detriment. Such an appliance renders it perfectly possible for the patient to learn to speak well.

The physical and mechanical difficulties to be overcome in the adaptation of this artificial velum are a serious obstacle to the operator, for on the nice adjustment of the instrument to all the parts surrounding the fissure depends entirely the comfort with which the patient wears it, and the consequent use he will make of it.

The movements produced by the superior constrictor muscle of the pharynx upon the remnant of the velum in the act of deglutition will be remembered. In the proper adaptation of an appliance arrangement should be made for this movement. If not provided for, the act of deglutition would compel it to fold upon itself, and thus interfere with that function; or, if too unyielding, it would irritate the surrounding tissues until it could not be borne. To accomplish that object, the instrument is made so that its parts shall slide over each other like scales when the muscles contract the fissure. It is also essential that it should be accurately adapted to the superior or hidden part of the cavity, as well as to the inferior or more exposed. To secure this adjustment, impressions of the whole cavity are taken in plaster of Paris; these impressions reveal the con-

Fig. 1 represents the posterior and Fig. 2 the anterior view of an artificial velum. A A indicates the groove in which the sides of the cleft repose. F F, the posterior end which may come in contact with the wall of the pharynx. The surface, B C B, lies next the tongue. C C, Springs of same material which assist it to keep its form and place. The point D rests on top of the bone at the apex of the fissure.

formation of all those parts hidden from the eye, including the floor of the nares, the inferior turbinated bones, the vomer, the chamber, and the walls of the pharynx as far down as the fauces. From these impressions plaster models are made in the usual manner, to which models the artificial velum is adapted.

The material of which the velum is made is elastic vulcanized rubber, prepared with special reference to this object, and possessing sufficient flexibility to be carried by the muscles in any direction they act upon it; also sufficient elasticity to regain, and firmness to keep, its original position when the muscles are relaxed. It is so delicate in its structure that I have never known a single instance of irritation or inflammation of the tissue in contact with it when properly adapted.

It is supported *in situ* by resting on the superior surface of the palatine or maxillary bone in the vicinity of the apex of the fissure. It is retained by a very simple attachment of gold connected with it near its apex, and reaching to one or two of the teeth, with sufficient hold around the tooth to prevent its slipping off. But even the presence of natural teeth is not essential to retain it firmly and properly in its position, as in one case which I had under treatment the patient had not a natural tooth in her mouth, and an entire upper and under set of artificial teeth was adapted, and to the upper set of teeth was attached the artificial palate, which was worn with as much satisfaction as any case that has come under my observation.

There are many points of physiological importance developed by this experience which would be most interesting to dwell upon, did not limited space prevent my presenting them in full. To some of them, however, I must briefly refer.

The intellectual capacity of the patient exercises a greater control over the rapidity and amount in improvement than the peculiar physical conformation of the defect. A musical ear, cultivated to a nice distinction of sounds, is of material benefit in making the most of this appliance. The age should also be taken into consideration, and as early an age as the patient would take an interest in developing its benefit would undoubtedly be preferable. The improper position in which some of the organs of speech are placed in the efforts of the patient

to articulate distinctly becomes so habitual as to be almost impossible to overcome, and manifestly the earlier the age at which this is attempted before these habits become firmly fixed the better. I have, however, in one instance, adapted an instrument for a patient over thirty years of age, and in another for one over forty years of age, both of whom derived very marked benefit from its use within a few months.

Again, the sensitiveness of the individual to the defect, the mortification experienced in the exposure by their speech of this deformity, will prove a powerful incentive to their practice and the consequent rapidity of their improvement.

It is astonishing with what entire freedom from discomfort or annoyance the velum is worn immediately on its introduction. I have never had a patient where there was any irritation or inflammation in consequence of wearing it, and only in rare cases have they ever experienced a lameness of the surrounding muscles.

In conclusion, it will naturally be asked, What has been the result of this treatment in any number of cases? I can state most confidently, a decided improvement in speech within a very few weeks—a clearness and distinctness of utterance which the patient never showed before. In some cases this progress has been so rapid that within a period of six months after its first introduction the wearer would not, from his speech, be suspected of possessing such a deformity; and in *every case* within a few months the speech has improved so much as to render it perfectly intelligible to strangers, without repetition. It must not be supposed from these statements that there is any marked change in articulation immediately. There is almost always an immediate change in the tone of the voice, which is much less disagreeable than formerly, and this change is often mistaken for an improvement in articulation. These malformations are manifested much more in the attempt to articulate some languages than others. There is a most interesting field of inquiry for the physiologist growing out of this subject, which I have neither the time nor the ability to do justice to. I can only glance at it. In the articulation of the Anglo-Saxon tongue the compressor-nasi muscle is very seldom, if ever, called into requisition. In the cases of deformity which we have been considering, the escape of voice through the nostrils is so great that the individual very soon forms the habit of using that muscle constantly. The result is, they acquire the power of making such sounds as do not belong to our language, but which nevertheless do form a very prominent part of other cultivated tongues. That muscle is much more frequently used in speaking the French language than our own. It will be readily understood, then, that these persons (other things being equal) can much sooner learn to speak the French language correctly than our own. With that language that habit assists them; with our own it must be broken up.

Manchester-square, London, December, 1864.

ON THE

UNITY OF THE SYPHILITIC VIRUS.

By GEO. G. GASCOYEN, F.R.C.S.,

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(*Continued from page 656.*)

THE advocates of a double virus consider that the law of transmission, for the infecting and simple sores in their own species, has been fully proved by experiment and clinical observation; and further, that the diagnostic points between the two varieties are so well established, that it is possible to assure a patient whether his chancre will or will not be followed by secondary disease.

There is no doubt that, as a rule, little difficulty exists in assigning a recent syphilitic sore to the group of indurated or non-indurated chancres; yet, in practice, ulcers are occasionally met with whose characters are so ill defined that we cannot with certainty refer them to either class. This difficulty is generally found in the case of the soft or so-called non-infecting sore, which, after presenting the special features ascribed to it by the dualistic school, for several weeks, will sometimes begin to indurate, assume the peculiarity of the infecting chancre, and be followed by constitutional syphilis. Again, cases are recorded where, for the sake of experiment, inoculation has been practised upon persons with matter taken from a reputedly non-infecting or simple sore, carefully selected for this purpose, and such inoculation has not only succeeded, but has produced an indurated chancre, and given rise to secondary disease. To meet this class of cases, the dualistic party has recently invented a third species of chancre,—their *chancre mixte*,—which is said to be formed physiologically by the pus of one kind of sore being deposited during coition upon the surface of the other, or artificially by mixing the secretions of a hard and soft chancre together. In either case, if this mixed fluid be inoculated, an ulcer is produced, which is the "chancre mixte." This is stated to be a distinct nosological species of venereal sore, "to secrete the two chancrous poisons," and to be capable of communicating either the one form of chancre or the other.

M. Diday, an ardent supporter of the double-virus theory, in his clever lectures* delivered at the Ecole Pratique in Paris during the summer of 1863, enumerates ten differential characters between the infecting and non-infecting chancre, and adds: "My reason, my common-sense refuse to believe that these two can be derived from the same morbid principle." He states that there is as much difference between these sores as "between the pustule of small-pox and that of favus." Yet a few lines lower down he gives in his adherence to the "chancre mixte," and asserts that "the two chancres may be superimposed on each other, so that they will constitute an ulcer, the fluid of which, when inoculated, can reproduce them both." In other words, that the same secretion will produce indiscriminately the one form of chancre or the other; although, according to his own teaching, they are essentially distinct affections, originating from separate morbid poisons, and differing from each other by *ten* diagnostic points!

I cannot understand how the same ulcer can secrete two poisons capable of producing two affections so utterly opposed to each other as is here claimed for them, and the clinical necessity which has reduced the advocates of a double virus to originate this new form of sore, shows how weak and insufficient must be the basis of a theory which requires the support of such a tissue of contradictions and impossibilities as is involved in the "chancre mixte." But even if the invariable transmission of chancres in their own species be conceded in theory, and some apparent deviation from this law be occasionally met with in practice, the existence of a new kind of venereal ulcer is not required to solve the irregularity, for Cullerier long ago demonstrated the possibility of mediate contagion,† and his experiments have since been confirmed. Bearing this fact in mind, there is no difficulty in understanding how a woman with an indurated chancre, having intercourse with a man who has a soft one, may during coition get some of the pus of the soft sore deposited within the vagina, and the man who next has connexion with her inoculate himself with the matter so deposited, and become the subject of a soft chancre. Subsequently, if the woman and this last comer be examined, or *confronted*, to use the French term, it will be found that she is suffering from a hard, and he from a soft, sore.

Such an instance may be thought hypothetical, and must be very rare, yet it is possible, especially when we consider this ready inoculability of the soft sore; and this explanation of it appears to be far more probable than to ascribe to a chancre the power of secreting two distinct poisons, in direct opposition to the known laws of pathology.

All writers are agreed as to the negative result which is almost invariably obtained when the fluid of a hard chancre is re-inoculated on the same individual; and the dualists contrast this with the success which in almost every instance follows the re-inoculation of the soft sore, and on the difference observed base one of their strongest arguments in favour of the double virus.

The proportion, however, of indurated to non-indurated chancres met with in practice is about one to three or four. How comes it, then, that ordinary contagion should succeed when experiment has failed? Both sides unite in condemning the inoculation of a hard chancre upon a person free from syphilitic disease; and the advocates for the single virus (not having practised inoculation upon a healthy subject) consistently enough account for the frequency of physiological contagion by the presumption that all chancres come from one common source, and that when the virus is deposited in the tissues of a person free from syphilis—all circumstances being favourable for its development—he will contract a chancre

* Histoire Naturelle de Syphilis, p. 9. 1863.

† Mémoires de la Société de Chirurgie sur quelques points de la Contagion Médiate.

which will give rise to a constitutional affection. On the other hand, when, from idiosyncrasy or any other cause, he is not apt to receive this disease, the poison only acts as an irritant, and creates a mere local affection; or it has been stated, as already mentioned, that an indurated chancre will communicate a sore with a soft base to a syphilitic person, which sore, when transmitted to a healthy subject, will become indurated, and followed by secondary disease.

The dualists maintain that the fluid of a hard chancre will always produce a hard chancre upon a healthy subject, and engender a constitutional disease—although it cannot do so upon one who is syphilitic,—and they give a few incomplete observations where artificial inoculation has been thus practised; but the cases related go to prove that the indurated sore is, as Maisonneuve and Montainer have asserted, a secondary affection rather than a primary one, since the phenomena observed were almost precisely similar to those following inoculation of the secretion of a mucous tubercle, or some other admitted secondary affection.

It is very striking how closely these most unjustifiable experiments approximate the indurated chancre to the category of secondary symptoms.

Although these few observations have been relied upon to prove that the indurated sore may be transmitted to a healthy person, and so explain the frequency of physiological contagion, they do not account for those cases where infection of the economy has followed an ulcer with a soft base; and, to meet these, the hybrid sore—the "chancre mixte"—has been called into existence. For this form of ulcer its most recent champion, M. Nodet, in a pamphlet* endorsed by M. Rollet, claims the following origin and attributes.

At p. 44 he says: "The indurated chancre is sometimes re-inoculable; and in this case it is not an indurated chancre which is reproduced, but a simple one. This re-inoculable indurated chancre, we shall see further on, is precisely the *chancre mixte*." For it he claims the power of contaminating the system, and gives numerous examples of its having done so. At p. 100 we find that this chancre may be created by depositing the pus of a simple chancre upon an indurated one, or by the reverse of this experiment, or by inoculating the secretions of these two sores previously mixed together. At p. 107 it is stated: "Not only does the *chancre mixte* transmit itself in its own species, but it can even transmit the one or other of the two chancres which constitute it." A few lines further on we are told: "Whatever may be the cause of the *chancre mixte*, it can only make its appearance in two ways: 1st, by a simple chancre; 2nd, by an indurated chancre." We are tempted to ask how it can be a distinct pathological species if it cannot reproduce itself?

M. Nodet, at p. 111, asserts that "the *chancre mixte secretes* the two chancrous poisons": in the one instance it will infect the system, and he cites a case in proof; in the other it will not, and refers to an observation which he considers confirmatory. He appeals also to a thesis by M. Basset, and to a memoir by M. Laroyenne in the "Annuaire de Syphilis," in support of this opinion.

In the *Gazette Médicale de Lyon* for July, 1863, is a paper by a M. Martin relative to the "chancre mixte." According to this author, when the pus of this form of ulcer is inoculated upon a healthy subject "a simple chancre will immediately appear at the point of inoculation. At the end of two or three weeks it will combine with the infecting chancre, the incubation of which has at least this duration. Lastly, after the simple chancre has cicatrized, the syphilitic chancre will alone exist at the contaminated spot." From the above, he considers that a person having a "chancre mixte" will communicate to one free from syphilis a simple chancre for the first two or three weeks; after this time a "chancre mixte." But when the simple sore has healed, which would probably be in about twenty or thirty days, an infecting chancre will be transmitted.

From the foregoing it will be seen that this most convenient ulcer will serve as a *cheval de bataille* for nearly every case that can be brought forward, but it completely destroys the theory of the duality of the syphilitic poison, which is based on the assumption that a simple chancre cannot give rise to constitutional syphilis; and, for the future, those who subscribe to the doctrine of the "chancre mixte" must drop the title of "dualists" and call themselves "pluralists," as they admit already three distinct pathological species of chancre, and even a fourth is dimly shadowed out. If we continue thus to multiply the varieties of chancre, we shall soon glide back into the same state of confusion respecting syphilitic disease that was prevalent up to within the last thirty years, and from which Ricord has done so much to extricate us.

A careful perusal of the dualistic opinions so ably advanced by Bassereau, Rollet, and others, has failed to conviace me of their accuracy; and the extreme practical need which has called into being this accommodating sore—the "chancre mixte" to my mind completes the fallacy of the double virus theory.

(To be continued.)

* Etudes Cliniques et Expérimentales sur les diverses espèces de Chancres, et particulièrement sur le Chancre Mixte.

ON A

RARE CASE IN MIDWIFERY PRACTICE.

BY GEORGE RIGDEN, ESQ., M.R.C.S.

ON the 2nd of August of the present year, Mrs. G——, aged about twenty-five years, of a leucophlegmatic temperament, and residing in this city, was taken in labour with her second child at about five o'clock in the evening. The pains were reported to have been frequent, but not very strong until about eight o'clock, when my attendance was requested. Upon examination, the forehead was found presenting, and partly entering the brim of the pelvis, with the os uteri moderately dilated and dilatable. The patient was extremely anxious in consequence of having experienced a very protracted labour at her first confinement; but there appeared no reason to doubt but that upon this occasion it would proceed more favourably. The pains continued frequent and strong, but with scarcely any effect upon the progress of the labour until half-past nine o'clock, when they almost suddenly ceased; and, not returning by half-past one in the morning, the forceps were applied, and the labour quickly terminated by the birth of a full-aged living child. A broad bandage was immediately applied round the lower part of the abdomen, and the right hand passed between the thighs to the region of the uterus, which was distinctly felt, and moderately contracted. After about half an hour's interval, the uterus was again felt in the same position, and in about the same state; and, as the placenta could not be reached through the vagina, the patient was directed to make a slight expulsive effort, which immediately changed the whole aspect of affairs. The uterus passed away from the hand above the pubes, and was found to have descended through the vagina, and to be completely inverted between the thighs of the mother, with the placenta still attached to the greater part of the larger and more dependent part. No traction had been made at the cord, and the inversion seemed due entirely to the moderate expulsive effort of the mother. The placenta was immediately and quickly with the ends of the fingers peeled off from the uterus, and the latter at once, and without the slightest difficulty, replaced in its natural position. After retaining the hand in the vagina for a few minutes, the uterus was felt contracting, and was also distinctly perceptible above the pubes. The patient was directed to remain in the same position for several hours, and not on any account to make an expulsive effort.

It is satisfactory to record that the uterus remained in its natural position, and that the patient made an excellent recovery without any other bad symptom. She was desired to be particularly careful of herself for several weeks. It is now more than a month since the confinement, and she does not experience any bearing-down or other unpleasant effect from what cannot but be considered as having been a very dangerous complication.

Burgate-street, Canterbury, Dec. 1864.

THE STRABISMUS OPERATION MADE EASY.—M. Emile Martin, of Marseilles, lately presented to the Academy of Medicine of Paris an instrument for quickly and securely dividing the tendon of the particular rectus muscle which is to be cut. The instrument is composed of a handle, to which is fixed a short stem ending in a blunt hook. In this hook lies a curved, very sharp, blade, which is made to leave its recess in the hollow hook by pressure being made on a kind of spring fixed in the handle. The operation is thus considerably facilitated, and the section made completely as soon as the tendon has been hooked up.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

LODGMENT OF A NEEDLE IN THE KNEE-JOINT OF A GIRL; SUCCESSFUL EXTRACTION.

(Under the care of Mr. ERICHSEN.)

IN some clinical remarks made at the time of the operation, after dwelling upon the dangerous consequences liable to ensue sometimes from the removal of such bodies as needles from a joint, Mr. Erichsen observed that about a year and a half ago a young lady on the eve of her marriage knelt down to say her prayers, and in kneeling she felt something prick her knee. She found the broken bit of a needle on the ground, but suffered no inconvenience at the time; her friends, however, attached importance to the accident. She was married next morning and went on her wedding tour, and her medical attendant gave her a letter to Mr. Erichsen. After going about a few days, she had pain and commencing arthritis of the joint, and consulted him. He could feel the end of the needle, and he thought it desirable to remove it. The end was found projecting out of the joint from the subcutaneous tissue, and it was readily extracted. The next day or the day after, she incautiously went about, and at the end of three days she had an attack of intense inflammation of the joint; in fact, a severe attack of traumatic arthritis. A large abscess formed in the joint, burrowing in the thigh and in the leg, with considerable constitutional disturbance. The question of amputation arose to save the patient's life; but, after being in great danger for some weeks, she became convalescent, was taken to her home in the country, and recovered, with a more or less stiff joint for life. The entrance of a needle into the knee-joint is not so frequent an accident as might be supposed, but, having that case in his mind, Mr. Erichsen said he was anxious to remove the needle in the present instance, as the movements of the knee might cause penetration of the articulation. If it had not already penetrated, the operation would be of no moment; but from its position he feared that it must have done so, and the mere act of removal might excite the inflammation dreaded. But on the whole he thought it better to remove the needle. It was upwards of an inch in length, thick, evidently the half of a very large needle, and quite black, as occurred in the instance he had just referred to.

For the notes of the case we are indebted to Mr. Charles Bradley, house-surgeon to the hospital.

Mary Anne R——, aged sixteen, a healthy-looking servant girl. She stated that on Saturday afternoon, the 29th of October last, she was kneeling on the floor picking up some crumbs, when all of a sudden she felt a severe pricking pain in her right knee, and, on looking at it, she noticed a drop or two of blood escaping from a puncture, situate on the outer side of the joint, and at about its middle. She thought she had run a needle into it; but she could not feel one, nor was anything projecting from the puncture, neither did she find any piece on the floor. She was unable to bend her knee afterwards, and when she attempted to do so she had great pain. The knee became a good deal swollen on the Saturday evening, and was seen by a surgeon, who could not determine for certain the presence of any foreign body in or around the joint on account of the swelling.

The girl was brought to the hospital on Monday, Oct. 31st, and was seen by the house-surgeon. The right knee was swollen and extended, and the patient was not able to bend it without severe pain; and she stated that when she tried to bend it "something pricked her." The joint was much warmer than the opposite one. A small dark speck (as though from a puncture which had healed) was observed over the outer edge of the patella, and rather above its middle. On pressing with the finger here, something unusual was felt; but its nature could not be determined on account of the swelling. It felt not unlike the end of a needle. The skin was movable over this slight projection. The girl, not wishing to come into the hospital, was told to come to see Mr. Erichsen on Wednesday, the 2nd of November.

Nov. 2nd.—The joint is more swollen than it was on Monday. Mr. Erichsen detected some foreign body on the outer side of the knee; but he could not with accuracy determine its nature because of the swelling. He advised the girl to come into the hospital. The general health of the patient is not affected in the least.

7th.—The swelling of the knee has been gradually diminishing since the patient has kept quiet in bed.

9th.—The knee is about the natural size; it is cool, and not painful. A sharp projecting point can now be distinctly felt on using pressure over the outer edge of the patella; and when the finger is moved over it, the girls says she feels something pricking her.

13th.—The foreign body seems to remain in the same position. Patient cannot bend her knee without very severe pain, neither can she bear her weight on that leg.

On the 16th, the patient having been placed under the influence of chloroform, Mr. Erichsen proceeded to extract the foreign body. An incision about three-quarters of an inch long was made over the outer edge of the patella, through the skin and fat; when, after tearing through some areolar tissue with a probe, Mr. Erichsen felt the broken end of the pointed part of a needle at the bottom of the wound, which, after some little difficulty, he seized with a pair of forceps and drew out. The lips of the wound were brought together by a couple of silver-wire sutures and some adhesive plaster, and the patient was placed in bed with the limb comfortably arranged on pillows.

The piece of needle was rather more than an inch long; and, from its length and the direction it had seemed to take, Mr. Erichsen thought that it had penetrated the joint.

17th.—Patient did not sleep last night on account of pain in her knee; complains of throbbing and jumping in it. Has not taken any food since the operation. Tongue red at tip and edges, furred in the centre. Pulse 120; skin hot. She complains of great thirst. The knee is swollen, and is rather warmer than the other one. Bowels opened this morning. To have effervescing mixture every three hours.

18th.—The jumping and throbbing of the knee continue; it is more swollen and much hotter; the thirst is more urgent; tongue red; no appetite; pulse 120; skin hot. Patient did not get any sleep last night. Ice in india-rubber bags to be applied constantly to the knee, which is to be tied up in pillows.

19th.—The patient says she slept well last night; the jumping and throbbing pains in the knee are quite gone. The joint is cooler and less swollen; skin cool; tongue less red; pulse 80. Appetite improved; ordered to have fish. There is a little discharge escaping from underneath the plasters which were applied over the wound. Plasters removed, and water-dressing applied to wound, which looks quite healthy.

20th.—No pain now in the knee; it is not swollen. Patient sleeps and enjoys her food. Pulse 72; skin cool.

21st.—The application of ice to be discontinued. There is no heat or swelling about the joint. Water-dressing to wound.

26th.—She got up to-day. No pain in the knee, and can bend it without pain.

28th.—She left the hospital to-day, and can use her knee quite well; has no pain; there is no swelling of the joint; the wound is healed.

ST. GEORGE'S HOSPITAL.

A CASE OF PYÆMIA SUSPECTED TO BE SPONTANEOUS IN ITS ORIGIN.

(Under the care of Dr. PITMAN.)

THE spontaneity of pyæmia, as an idiopathic or primary affection, is doubted by most writers of experience. And not without reason; for when the history of any obscure case is closely investigated, it usually happens that some cause is discovered to explain the existence of the phenomena of blood-poisoning. We recollect very well a patient under Dr. Jenner's care at University College Hospital, who died of well-marked

apparently spontaneous pyæmia, which, on subsequent careful inquiry amongst the friends, was found to have originated in a traumatic cause. A few weeks back a girl in the Westminster Hospital, under Dr. Fincham's care, presented well-marked pyæmic symptoms, which culminated in an exquisitely painful swelling of the right wrist, which proved to be suppuration of the joint. She recovered on evacuation of the matter by Mr. Holthouse. On referring to one of the most recent works for information—namely, Erichsen's Science of Surgery—the author states that pyæmia is never, he believes, an idiopathic or primary affection; but either occurs subsequently to an injury or wound of some kind, by which inflammation is excited, which has in most cases reached the stage of suppuration before the pyæmic symptoms come on, or it appears in connexion with some low form of specific suppurative inflammation. (p. 461.) Although it might be argued that both in Dr. Fincham's case and in the following the origin of the disease was spontaneous, we think that the condition of the joints in each was most probably the exciting cause, the suppurative inflammation of which gave rise to the pyæmia. In Dr. Pitman's patient, the early history pointed to rigors and pains about the limbs, ushering in a low form of arthritis, which ended in suppuration and consequent pyæmia, but so modified as not to be distinctly recognised during life. Pus was found in the right knee and elbow and both shoulder-joints, as well as in the heart and kidneys.

William W——, aged forty-seven, was admitted June 8th, 1864. He was in a state of great prostration, though perfectly intelligent, and stated that ten days before he had been attacked with rigors and pains about the limbs, the symptoms being sufficiently severe to send him to bed. He had sweated much, and had several repetitions of shivering. He had been taking aperient medicine, and the bowels had been kept loose. He was by trade a shoemaker. When seen decubitus was dorsal; pulse full and soft, 104; the skin hot and sweating; the tongue furred, and just beginning to get dry. There was no eruption visible, and no tenderness or pain about the abdomen. He was given effervescing salines, with a drachm of bicarbonate of potass, every four hours, and ordered to take two grains of opium in a pill at night.

On the 9th, when his condition was much the same, with a drier tongue and greater prostration, the first medicine was changed for cinchona draught, with a scruple of chlorate of potash every four hours. The same quantity of opium was repeated, and two ounces of port wine ordered. On the 10th he was reported to have passed a good night; the intellect was quite clear; tongue dry and red; the pulse 104, soft and compressible; the skin now dry and pungent, and no spots to be seen. The same treatment was pursued, the two grain dose of opium being ordered for repetition nightly. The patient lived two days longer, continuing to sink, and the bowels becoming rather loose. On the 11th he was given half a drachm of the muriated tincture of iron in infusion of calumba, and two eggs, besides beef-tea (his diet from the first). Shortly before death some mental wandering occurred for the first time; this was on the 13th.

Autopsy, twenty-seven hours after death.—The body was rather lean. There were two small pustules, one on each ankle; there was no eruption. The belly was rather tense. Both pleuræ contained a small quantity of bloody fluid. The lungs were infiltrated with serum. There were one or two small petechial spots under the pleura. The bronchial tubes were natural. The pericardium contained some turbid serum, in which soft shreds of lymph floated. Some flakes of very soft lymph were attached to the surface of the heart in one or two places. Elsewhere were several patches of injection and extravasation of blood, under the pericardium, which were found to cover deposits of purulent lymph in the muscular substance: these had the appearance of pyæmic formations. The left ventricle of the heart was quite uncontracted; there was an excoriated patch on one of the aortic valves, as if a vegetation had recently been detached. The blood was unusually fluid; the cavities stained. The spleen was pulpy. The ileo-cæcal part of the bowel was cut open and found to be perfectly natural, as were the mesenteric glands. The liver was natural. There was a small hard deposit, like what belongs to pyæmia, in one of the cones of the left kidney. The other abdominal viscera were healthy. The right knee-joint contained more than an ounce of creamy pus; the cartilages were natural; the synovial membrane much injected. The left knee-joint was natural. A small quantity of sero-purulent fluid existed in the right elbow and in both shoulder-joints.

ST. THOMAS'S HOSPITAL.

CASE OF FRACTURE OF THE PATELLA; WITH CLINICAL REMARKS.

(Under the care of Mr. F. LE GROS CLARK.)

A STOUT young man, a clerk in the City, weighing between fourteen and fifteen stone, was admitted on the 9th of Sept. last. On the previous day, whilst stepping out of a gig, he felt the step giving way under him, and made an effort to save himself, the knee being bent at the time. During this effort he was conscious of a distinct snap at the knee; and though he lost his balance, he did not fall on that joint, nor strike it. When admitted, there was considerable swelling, and a distinct fracture of the patella was detected, separating the bone transversely into two parts, of which the lower was the smaller. The limb was supported in a straight position, with the heel elevated; and, when the swelling had sufficiently subsided, a mould of gutta-percha was fixed around the knee, with the space corresponding to the patella cut out, so as to assist in confining the fragments in relation. The patient was kept in this position for six weeks; and then a leather mould was made for the knee, and he was permitted to get up. A strong elastic knee-cap was subsequently substituted, so as to afford support and still limit the flexion at the joint. Union was complete, and a slight groove alone marked the original separation of the two fragments.

This case (Mr. Le Gros Clark remarked) illustrates two points in connexion with fracture of the patella—one of interest and the other of practical value. Although it is generally admitted that transverse fracture of this bone is usually produced by muscular action, it does not often occur that we have such unequivocal testimony of the fact as in the present instance. The knee was bent, the superincumbent weight was great, and the consequent effort to extend the limb, and thus prevent a fall, must have been a great strain upon the patella, under which it was felt to give way. The fracture of this bone under these circumstances is so generally followed by immediate concussion of the knee, that the blow is erroneously supposed to be the cause, instead of the consequence, of the fracture. The point of practical importance is the advantage of prolonged treatment in these cases. Many a good union has been spoiled by too early liberty being given in the use of the limb. The fibrous band yields and stretches; therefore, especially in heavy persons, but limited flexion of the knee should be permitted, except in passive motion, until from two to three months, and in some cases even a longer period, has elapsed from the receipt of the injury. Bony union is rare and exceptional.

GUY'S HOSPITAL.

DYSPHAGIA; CICATRIX IN PHARYNX; ANASARCA OF UPPER HALF OF THE BODY; PNEUMONIA.

(Under the care of Dr. HABERSHON.)

WHAT added much to the interest and at the same time to the obscurity of the diagnosis in the following case was the œdema of the upper part of the body, but more especially of the arms and face. This symptom in the upper part of the trunk is generally due to pressure on the superior cava or its immediate connexions, as in some examples recorded a few months ago in our "Mirror" (THE LANCET, vol. i. 1864, p. 409). But the cause of it in the present instance was not made out during life, and was after death conjectured to be the result of pressure on the brachio-cephalic vein by the condensed tissue found around the œsophagus. Difficulty of swallowing had been complained of for twelve months, the cause of which in all probability had terminated in a post-pharyngeal abscess, which burst into the œsophagus.

John P——, aged sixty-two, was admitted August 31st, 1864. He was a cabinet-maker, and stated that he had always enjoyed good health till one year previously. Then dysphagia, with hoarseness, and slight pain about the centre of the sternum came on; but the symptoms were not severe, and he had neither vomiting nor regurgitation of food. One month before admission anasarca of the upper part of the body came on. The patient was a large man, and he had a peculiar appearance; for the upper part of the body, the face and arms especially, were œdematous, whilst the legs were of their natural size. On

forehead and face were red erythematous patches. This tnasarca came on suddenly, and the urine, examined carefully several times, was free from albumen. He denied having had syphilis. The bowels were open freely. He had no headache, and there was no abnormal pulsation in the neck. The heart's action was normal, but the impulse rather weak. The resonance on the right side of the chest was less than on the left, and the respiratory murmur was not quite so free; but there was no evidence then of consolidation of the lung, nor of effusion, nor of tumour. There was cough and abundant watery expectoration, and at the posterior part on the left side mucous râles were audible, and in front sibilant râles. The liver was not enlarged. The abdomen was fat, the loins were œdematous, and the patient was unable to sit up or to bend his back; he was unable to get out of bed, but could stand when placed on his feet. Ordered meat diet if he could take it, and effervescing mixture.

On the 9th of September there was increased dysphagia, but the physical symptoms were as before. Much watery mucus was brought from the mouth. There was rather less swelling of the arms. Ordered, iodide of potassium, with compound gentian mixture.

Sept. 13th.—A considerable quantity of offensive pus was brought up, from the throat apparently; it seemed to well up without cough. There was no dyspnœa, the gums were spongy, and the pulse compressible. The dysphagia continued; less swelling of the arms. To have six ounces of port wine and two grains of quinine three times a day; and a gargle of permanganate of potash was ordered.

Dr. Habershon was unable to see him for several days from indisposition; but found, on his next visit to Guy's Hospital, that his patient had died on the 20th of September, and that an examination had been made.

Dr. Wilks informed him (Dr. Habershon) that he found a cicatrix at the termination of the pharynx, or rather the commencement of the œsophagus. This was more than an inch in length, and irregularly puckered. There was no disease in the mediastinum; but he believed that pressure had been exerted on the brachio-cephalic vein by the fibroid tissue around the œsophagus. There was asthenic pneumonic consolidation of the right lung, and degeneration of the kidneys. Close to the cicatrix in the pharynx, a portion of mucous membrane had been entirely destroyed, and the muscular coat was bare. The mucous membrane at the puckered part was slightly hypertrophied, and the mucous glands were enlarged and very evident under the microscope. Beneath the mucous membrane was white fibro elastic tissue. There was no proof of heterologous cancerous deposit.

Reviews and Notices of Books.

Skin Diseases; their Description, Pathology, Diagnosis, and Treatment; with a copious Formulary. By TILBURY FOX, M.D. Lond. pp. 315. London: Robert Hardwicke.

An Inquiry into the Relative Frequency, the Duration, and the Cause of Diseases of the Skin, as deduced from the observation of One Thousand consecutive Cases: with Remarks on the Exanthematous Epidemic of the Spring of 1864. By ERASMUS WILSON, F.R.S. pp. 80. London: Churchill and Sons.

Photographs (Coloured from Life) of the Diseases of the Skin. By ALEX. BALMANNO SQUIRE, M.B. Lond., &c. Nos. 2 and 3: Impetigo—Lichen. London: Churchill and Sons.

THERE is a fashion in medicine, as well as in most other things. That which is neglected at one time, becomes a favourite object of inquiry at another; and the diseases which were the pariahs of the profession yesterday, will appear as the pet children of pathology to-morrow. Diseases of the joints presented this phase, and so did the diseases of women and children. Not long since we were bestowing all our pathological affections on morbid states of the urine and diseases of the kidney; when suddenly different branches of physical science, with ophthalmoscopes and laryngoscopes instead of with microscopes and polariscopes, were brought to bear with much ardour on ophthalmology and diseases of the larynx. There is just now an evident tendency to cultivate "dermatology," as it is the fashion to call that branch of medical practice busying itself in particular with morbid conditions of the skin. A short time back we had little beyond the teachings of Bateman and Willan to assist us, along with the more recent help of Mr. Erasmus Wilson. Now the names of those who are occupying this field may be mentioned by the dozen. The study of cutaneous diseases is undoubtedly becoming fashionable, and bids fair to receive some portion of that over-attention which it has been customary to demand from the student in connexion with the stethoscope and diseases of the heart and lungs. As for ourselves, we are heartily glad of this change. To be able to talk glibly about pre-systolic and post-systolic bruits, prolonged expiratory murmur, and reduplication, was a little premature, when a third-year's student did not know impetigo from lepra, and could not diagnose a case of chronic itch. We have known men to have an elaborate knowledge of "tube-casts" and "pavement epithelium," and to commence practice with a truly recondite knowledge of "cell-degeneration," yet to be unable to recognise the early eruption of measles. There are no departments of the healing art which serve as such good tests of practical clinical knowledge as do those which embrace the diseases of children and the diseases of the skin. There are no branches concerning which, as a rule, the student leaves the schools with less knowledge, and we think this much to be regretted. If it be replied that he is scarcely to be expected to pass from the hospital prepared with more than a scientific pathological basis upon which his future clinical and practical experience is to be founded, well and good. Let him keep to his microscope and organic chemistry, to his haloid salts and cell-degeneration. But if it be argued, as we are disposed to argue, that he is expected to turn the contents and teachings of the hospital wards to some practical account, and not to leave them without knowing typhoid fever, the ability to pass a catheter, plug the nostril, or stop the progress of a common ringworm, we then maintain that the tendency to develop the clinical teaching of hospitals and the practical study of every form of disease deserves to be yet further encouraged. Of all forms of disease, there are none of which it is so necessary the student should receive a first guidance in their discrimination from a good teacher as in affections of the integuments. These affections must be taught clinically; they can be taught in no other way. No mere reading up as the student sits at home can ever give him a useful knowledge of dermatology; day after day he must actually witness case after case, variety after variety, modification after modification. Indeed, "how to observe" in this class of maladies can only be taught him by closely following an expert in the matter. To stand by and merely watch an eminent artist paint, just to see how he handles his brushes, is well known to be one of the best lessons a student can receive. So with disease of the kind we are now discussing: to keep by the side of a good physician, and simply to take note of how he may be said to handle his patients, is a most important matter. If there be in medicine a certain kind of practical knowledge, or *savoir faire*, or "mystery of the art" which can be, and is only to be, got from a sort of direct apprenticeship to and initiation by a sharp master, it is certainly in dermatology and pædiatrics. Whatever the student may neglect, then, when he is at the hospital, let him not neglect these. So far as books and plates can assist him,—alone, not far to be sure,—he is now amply supplied. The monograph by Dr. Fox, for example, will supply him with all that he can want; and the photographic plates by Mr. Squire, or the illustrations by Hebra, will be very useful adjuncts. Dr. Fox and Mr. Squire are young workers in the now favoured department of dermatology; of both we have had reason to speak in terms of commendation; and we have no doubt that the future will show that their early labours are precursors to yet further researches which will maintain and extend their reputation. We have carefully read through Dr. Fox's new treatise, and we do not know that a better idea of its true character can be given than by quoting what the author says himself of it in his preface:—

"I have attempted to furnish in these pages, in as compact a form as possible, the present knowledge in regard to skin diseases. A large amount of information lies scattered through various publications, and a collective account such as the present will, it is hoped, be acceptable, not only to the student, as a text-book to aid him in his studies and to guide him in his examinations, but also to the practitioner, to help him to cure disease. ..... Mode or style has been almost entirely sacrificed to matter; secondly, general principles of treatment, rather than empirical data, have been indicated; and, thirdly, especial prominence has been given to the diagnosis of the various diseases. My own peculiar views have been obtruded as little as possible on the present occasion; while the views of others, especially those of the leading French and German authorities, have been fairly stated. ..... In describing the several eruptions, Willan's arrangement, with slight modification, has been adopted."

It must not be supposed, however, that Dr. Fox's work is incapable of affording much opportunity for consideration to those who have made this class of diseases their especial care. On the contrary, the latter will find in the chapters on Impetigo and Eczema matter which will repay for their perusal. All may safely trust to this, that they will be made by the book quite *au courant* with the most advanced dermatological doctrines of the day.

Mr. Squire's recent plates are quite up to the standard of those which we first noticed.

The first authority on all these matters is Mr. Erasmus Wilson; he has long been so, and so apparently he is determined to remain. The *brochure* upon our table has for its object an inquiry into the relative frequency, causes, and duration of cutaneous affections. The field of observation has been necessarily limited to the middle and upper classes of society—to such cases, in fact, as fall within the limits of private practice. Out of 1000 cases registered by Mr. Wilson, there occurred 51 different diseases; and out of these there were 298 cases of eczema, and but two of molluscum—the highest and the lowest. Speaking of the exanthematous epidemic of the spring of the present year, Mr. Wilson remarks:—

"Among children, and not unfrequently among adults, there prevailed an exanthematous epidemic, generally distinguished by mildness of character, and consisting in a congestion of the fauces, enlargement of the salivary and lymphatic glands of the face, and an exanthem on the skin, which one while put on the appearance of roseola, another while of rubeola, and sometimes of varioloid. It is curious to note that the same person in some instances experienced the several forms of the exanthem in succession.....The characters of this protean epidemic are well exhibited in the preceding cases, and we are led to infer from their consideration that the varioloid, the rubeola, and the roseola are simply varieties of manifestation of the same *causa morbi*."—p. 69.

Such accurately registered series of cases by a competent observer supply valuable material for further researches, and this little volume possesses a true scientific interest.

OUR LIBRARY TABLE.

On Diphtheria and Diphtheritic Disease. By J. WEST WALKER, M.B. Lond., &c. London: Churchill and Sons.—The substance of this little volume, on a terribly important subject, appeared in a contemporary. We wish we could say that the book was as important as the subject. But we cannot. The main object of the author is to prove that there is no specific disease of diphtheria; but that the local symptom of exudation is one common to a variety of diseases. In this object he seems to us to fail. Doubtless there is considerable variety in the general symptoms associated with diphtheria: sometimes they are slight, sometimes serious; sometimes inflammatory, sometimes typhoid. But the same may be said of the best-marked diseases, such as typhoid, pneumonia, &c. By the way, as the author alludes to pneumonia incidentally, and calls it "that terrible disease," we may be allowed altogether to question the applicability here of the adjective "terrible." Pneumonia is not a terrible disease, but one which, occurring in anything like a healthy subject, and treated with anything like judgment, will, in the absence of organic disease of other organs, almost invariably do well. But to return to the author's main proposition: we think it neither wise nor proven. To refuse to recognise as a distinct disease such a well-marked group of symptoms as we have all learned too well to associate with the name of diphtheria, seems to us to be a refinement of diagnosis not calculated to increase the respect of mankind for the art or science of Medicine. In the treatment of disease of a diphtheritic character, Dr. Walker, justly as we think, disapproves of strong local applications "as liable to produce those very pathological conditions which it should be our constant endeavour to prevent." In his suggestions for general treatment there is nothing very original or calling for special notice. The essay is well written, and not a bad instance of what may be said, plausibly if not forcibly, for a doubtful proposition.

Manual of the Metalloids. By JAMES APJOHN, M.D., F.R.S. Longman and Co.—This volume forms one of a series of manuals relating to experimental and natural science issued by Messrs. Galbraith and Houghton. The term "metalloid" includes all those elements and compounds which are of a non-metallic character: consequently the work embraces a description of oxygen, hydrogen, nitrogen, and the compounds formed with each other; sulphur, selenium, and their oxygen and hydrogen compounds; chlorine, bromine, iodine, fluorine, and their similar compounds; phosphorus, and its compounds with oxygen, hydrogen, sulphur, and nitrogen; silicon, boron, carbon, and their leading compounds. It also includes, contrary to preconceived notions, arsenic, the metallic character of which has been generally acknowledged. The subject matter of this work is preceded by a lengthened introduction, in which the principles of chemical philosophy are noticed and discussed—as the laws of combination, equivalent numbers, atomic weights, chemical notation and nomenclature, relations of atomic weights, law of volumes, atomic volume, and unitary system of atomic weights, including a very full review of Charles Gerhardt's system of notation, to which in some respects the author takes exception, expressing the opinion that the existing method "seems entitled to preference from its comparative simplicity, and because of its resting exclusively on experimental evidence." In the introduction the author also remarks upon isomerism, ismorphism, dimorphism, the reactions of bodies on each other, and on the causes which determine decomposition. The work is doubtless one of high merit and value, and is remarkable for the lucidity of its descriptions. It is to be hoped that Dr. Apjohn will publish a corresponding work on the metals.

A Second Step in Chemistry. By ROBERT GALLOWAY, F.C.S. London: Churchill and Sons.—This "Second Step" is intended to teach the higher branches of chemical science, especially the newer views which are now being so generally adopted; and since these views are mainly founded on volume relations, the specific gravity of gases is first described, as also combination by volume, the specific gravity of vapours, &c., these being taught by exercises which the student has to perform. A history of the new views on the constitution of bodies is very fully given, including those of Clarke, Griffin, Gerhardt, Williamson, Laurent, Wortz, Playfair, Frankland, and Kolbe. Inorganic and organic bodies are next arranged under different types; and an outline of the general properties of organic bodies is also given. Under the ammonia type will be found a full description of Hofmann's researches on that class of compounds. Very detailed descriptions are also given on subjects of practical importance, as fractional distillation, the law and method of determining the boiling-points of liquids, the specific and atomic heats of bodies, the development of heat by chemical action, calorific intensity, &c.; these subjects being, as far as possible, taught by exercises. Lastly, the work comprises a complete account of Graham's researches on Diffusion, and of

Bunsen and Kirchoff's Spectrum Analysis. The arrangement of the work is excellent, and treating as it does in a very admirable manner of many new and difficult subjects, it will be found of much value by the advanced student, and even by the professor of chemistry.

Hooper's Physician's Vade Mecum. By WM. AUGUSTUS GUY, M.B. Cantab., and JOHN HARLEY, M.D. Lond., F.L.S. London: Henry Renshaw.—The editors of this edition of a standard work have, in the main, performed their duties with ability and discretion. It may be mentioned that the glossary has been judiciously enlarged and indexed, and the classification of remedies and the formulæ have been carefully revised in accordance with the new Pharmacopœia. Fifty new woodcuts have also been added.

A Manual of Physiology and of the Principles of Disease. By EDWARD DILLON MAPOTHER, M.D. Dublin: Fannin and Co. London: Longman and Co.—If this work is not entitled to unqualified praise (and in some respects it might be open to criticism), it must be admitted that it will form a useful textbook for students, and in no way more prominently than in the opportunity which it gives to the reader of testing his knowledge by a catechetical appendix, which cannot fail to aid him in his studies.

First Help in Accidents. By CHAS. H. SCHAIBLE, M.D., Ph.D. London: Hardwicke.—The author at first intended that this little work should be confined to the use of non-medical military men. We think he acted wisely in adapting it as a guide to non-professional persons generally "before the arrival of a medical man." The rules laid down are simple, and easy to be understood. The work promises to be really what its title expresses.

Our Common Insects. First Steps to Entomology. By Mrs. E. W. COX. London: Hardwicke.—A popular little sketch of the common insects of this country, profusely illustrated; not too scientific for the general reader, but sufficiently so to be useful to the young student of entomology.

The Physician's, Surgeon's, and General Practitioner's Visiting List, Diary, Almanack, and Book of Engagements, for 1865. (The nineteenth year of publication.) John Smith and Co., Long-acre.—This convenient and useful Diary has been so long adopted by the profession that it scarcely needs commendation on our part. It is in every way most suitable for the physician, surgeon, or general practitioner.

Abeokuta and the Camaroon Mountains. By R. F. Burton, Esq.—Mr. Burton, in two volumes, gives a most lucid and well-written account of his travels. There are many subjects of great interest to the medical profession.

The Art Journal for December.—This number sustains its well-merited reputation.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

IMPROVED ARTIFICIAL LEECH AND NEW EYE-DOUCHE.

MESSRS. WHICKER & BLAISE have forwarded to us a useful modification of the little instrument known as Heurteloup's leech. This means of abstracting blood from the temples is much used, by continental surgeons especially; and in ophthalmic practice it is very cleanly and efficient. The original instrument is worked rather clumsily by a string, which is pulled across the finger. In this modification, at the suggestion of Mr. Ernest Hart, the circular cutter is attached to a central shaft, which may be wound like a watch-key, and catches; it is then placed in position, and the pressure of the finger on the button releases the shaft, which revolves automatically, and effects the required incision instantaneously. With the aid of the small exhausting cylinder attached the required amount of blood may be drawn. With the old instrument, some little dexterity, and often the aid of a second person, was needed. In simplifying and perfecting the mechanism, the obstacle is probably removed which prevented an extremely useful little instrument from being popularized in this country. It is very serviceable in various inflammatory ophthalmic affections where it is desired to abstract blood locally, and especially so in chronic and deep-seated diseases of the eye.

Messrs. Whicker and Blaise have also introduced, on the recommendation of the same surgeon, a form of eye douche, combining various advantages of several forms which have been lately devised. It explains itself by reference to the woodcut. Water being introduced into the body of the instrument, a few strokes of the piston of the forcing-pump subject it to considerable atmospheric pressure; and on the tap of the delivery-pipe being turned, the water is thus driven through the fine apertures in the terminal rose in a refreshing shower of spray; and the eye being held over the glass reservoir, the spray falls again into this, and is conducted away. Thus an effectual and refreshing douche is provided in a finely divided shower, which is continuous and not delivered by jerks, does not wet the dress, and leaves the hands free to make any arrangement necessary for personal comfort.

ICE AND HOT-WATER BAGS.

These bags are intended for the convenient application either of heat or cold to the spine; in carrying out especially the applications invented by Dr. John Chapman. The bags are very well contrived, and will answer the purpose admirably. They are cellular, and yet so arranged that all the cells can be filled from the general mouth. They are very light, clean, handy, and ingenious.

WHOLESALE AND EXPORT DRUG COMPANY.—The wholesale, and especially the export, trade in drugs and chemicals is both large and lucrative, and we consider that any Company based upon the principles of limited liability and co-operation, and managed by really practical and experienced men, would, in all probability, prove a decided success, and that the money invested in such an undertaking would realize a fair profit. The Company, the title of which stands at the head of this paragraph, and whose prospectus we published last week, promises well. The directorate contains the names of several practical men, and is composed entirely of chemists and druggists, with one exception, we believe, of those engaged in the retail trade. While this constitution of the directorate affords a guarantee that the Company will be managed by men who understand the business, we should have been glad to recognise the names of two or three more gentlemen who are acquainted with the wholesale trade in drugs. One of the best features in such Companies is the guarantee which they afford for the purity of the articles in which they deal.

THE LANCET.

LONDON: SATURDAY, DECEMBER 17, 1864.

THE court of the Judge-Ordinary is that in which medical practitioners are called on to fill the most important positions. Medical evidence therein not only extends to the mental power of disposal over property, but also to the finer questions of conjugal fidelity. The case of STONE *v.* STONE and APPLETON, which has just been again heard, is, in a medical point of view, one of the most remarkable trials of modern times. In one respect it stands alone. It is the only instance in which the opinion of the late Sir CRESSWELL CRESSWELL was overruled on appeal by the full court. At the same time it must be remembered that though the argument for the new trial, on the ground that there was insufficient medical evidence to support the verdict, was heard in the presence of that most distinguished Judge, it had yet pleased Providence to deprive the country of his eminent services before the delivery of the opinion of Mr. Justice WIGHTMAN and Mr. Baron CHANNELL, who presided with him on the occasion of the argument. A Judge of more limited experience, but of scarcely inferior ability, has now tried the case *de novo*, and we direct attention to the details as conveying much instruction. It is unnecessary, with any minuteness, to trace the career of Captain STONE, the petitioner. The subject offers few attractions. It is merely important to observe that his conjugal relations seem to have been anything but satisfactory, and his own disposition not particularly amiable. Without, for the present, commenting on the nature of the evidence, or the character of the witnesses by whom Captain STONE sought to establish his case, it may be well to observe that the principal testimony relied on was that of Dr. WEBB, now deceased, who deposed that the infant born to Captain STONE after his return had arrived at the period of maturity, though, from the dates, it was proved that the time from Captain STONE'S return to association with his wife and the birth in question admitted only of utero-gestation of at most thirty-three weeks. The late Dr. WEBB appears to have given his evidence in a somewhat hasty manner, and certainly seemed not to have weighed its full importance. Though it was the crowning, almost the only, point in the case for the petitioner, Captain STONE appears to have been unaware of its significance and value at the time he preferred the serious imputation against his wife, but to have chiefly relied upon the testimony of a certain MARY HARRIS, an ex-prostitute of Exeter, whom some ladies, with more of pity than discretion, had voted to be reformed, and introduced to the respondent in the capacity of cook and housemaid. It may be briefly affirmed that this far from estimable person detailed to Captain STONE, as against his wife, acts of shameless adultery, of gross indecency, of a defiant disregard of the ordinary precautions with which vice seeks to screen itself, and found in him a ready listener to the wildest recital of barefaced turpitude and open depravity that a devilish-minded courtezan could suggest. Captain STONE adopted her reports in reference to his wife and the mother of his children; and, in order to secure her valuable testimony, placed this important witness in lodgings, and allowed her five shillings a week. It is enough to add that the lying inventions of this wicked wanton were entirely without confirmation. She affirmed that intimacy of an open and almost undisguised character had for months taken place between Mrs. STONE and Mr. APPLETON, her medical attendant and co-respondent in the suit. She swore that day by day, in both parlour and bedroom, the doors were habitually locked; that napkins were found the appearances of which were conclusive; and, fearing that indirect evidence might not enable her to effect her purpose, she ventured to further swear that Mrs. STONE, the wife of an English officer, had taken her, the Bristol prostitute, into her confidence, and not only confessed that she was in the family-way by Mr. APPLETON, but even besought and availed herself of her assistance to endeavour to procure abortion by taking what she termed "white precipitate powder" in beer, alleging that she repeatedly purchased this mysterious stuff of a chemist in the small village of Budleigh Salterton in Devonshire. It was known that there was but one chemist in that little gossiping place, yet no confirmation of so grave and serious a charge was adduced. In addition to this evidence, it was further affirmed, by witnesses who were evidently under erroneous impressions, that Mrs. STONE had intimated an apprehension, if she had not made the direct accusation, that Mr. APPLETON had availed himself of her insensibility under chloroform in order to effect her dishonour, and that possibly under such circumstances the mature appearance of the premature child could be explained. This very serious alleged admission was denied on the part of Mrs. STONE, and explained in this way: Mr. APPLETON was admitted to be in great pecuniary difficulties, and was reported to have acted wrongly, if not discreditably, in one or two important matters, which being repeated to Mrs. STONE, she observed, "I shudder to think what *might* have occurred, my being so frequently alone with him, and once insensible in his presence." It may be stated that two out of three of Mrs. STONE'S children had been born at seven months, and apparently fully developed; and evidence went to prove, and to place beyond question, that nine months previously to the birth of the child in dispute, and for some time before and subsequent to that period, Mrs. STONE suffered from uterine discharges, which rendered intimacy of the nature alleged, though not impossible, in the very highest degree improbable. The case of the petitioner therefore mainly rested on the assumed truth of an unworthy witness, the implied confession or suggestion of Mrs. STONE, and the alleged maturity of an infant born thirty-three weeks after a return to conjugal intimacy.

The case for the respondent was a decisive one. Servants who had lived with Mrs. STONE during the period referred to by HARRIS gave evidence in distinct denial of her allegations. Members of Mrs. STONE'S family deposed to the conduct she had habitually pursued while living with her children in a position involving patient self-denial and great motherly management. The decisive testimony on their part reduced the question to the comparatively narrow but still all important issue—was the evidence of Dr. WEBB to be relied on as indicating conception having taken place antecedent to Captain STONE'S return? This inquiry was somewhat embarrassed by the circumstance of Mr. APPLETON'S flight, and his not having

put in any answer to the proceedings; thus in point of law admitting, or, more properly speaking, not denying the charge. While, then, it was intimated to the jury that, as against him, in consequence of his absence, the legal assumption was that of guilt, this assumption should not prejudice Mrs. STONE, inasmuch as Mr. APPLETON'S departure might be fairly ascribed to other circumstances, such as hopeless pecuniary embarrassments. In answer to Dr. WEBB'S testimony, Mr. PRATER, surgeon at Okehampton, was examined. He had formerly been house-surgeon in the London Hospital. He deposed to the general ill-health of Mrs. STONE, and spoke of the difficulty and danger of giving positive opinions respecting the maturity of children from a cursory or partial examination. Dr. TYLER SMITH, whose great experience impressed the jury in the most unmistakable manner, gave it as his opinion that it was impossible in any individual case to arrive at an indubitable decision. Children known to be mature had weighed but four pounds; others supposed to be immature weighed seven or eight pounds. The whole surrounding circumstances required consideration; and he felt it would not be safe, in the absence of other confirmation, to decide the legitimacy of an infant by the estimate of its condition at birth where premature delivery of healthy and, for the period, well-developed children had previously taken place. Dr. SAMUEL RICHARDS confirmed this gentleman's opinions, and both stated that in some persons the indications of pregnancy were early perceptible, much depending on the figure and shape.

At this stage of the proceedings the jury wished the case to be determined. The Judge-Ordinary, remembering that his distinguished predecessor had expressed strong views in reference to it, felt that all the evidence should be gone into.

In his comment on the medical evidence, the Judge-Ordinary observed that the most modest women were obliged to submit to the interference of medical practitioners, and it would be monstrous to infer a want of delicacy from their doing so. He observed on the difference of opinion existing between medical practitioners of competent authority, and pointed out the difficulties in medico-legal investigations which such differences originated. In such a case as that under decision it was necessary to bear in mind that exact information was of the first importance, and the mere barren fact of an approximate opinion ought not to be too firmly relied on. The jury retired for a short time, and found their verdict for the respondent. By the extraordinary anomaly of the law, though the jury acquitted Mrs. STONE of adultery, yet, in consequence of the co-respondent, Mr. APPLETON, not having answered the petition, judgment was considered to have gone by default, and a verdict was recorded as against him, and damages assessed at one farthing.

The termination of this very important suit cannot be regarded as otherwise than satisfactory. It removes from the character of a member of the profession one of the most disgraceful imputations as well as most serious accusations that could by any possibility have been advanced against a gentleman placed in so confidential and responsible a position as that of a medical adviser, selected by the husband in his absence to take charge of his wife and family. When the case was first heard, we ventured to offer some strong comments on the verdict, especially on the medical evidence that had conduced to it. We rejoice that the verdict has been set aside, not from any sympathy with those who are parties to the suit, but because of the insufficiency of the medical evidence. It is to be hoped the case will prove a lesson to all those who may on future occasions be called on to give evidence not to make their examinations hastily, or, on such examinations, to avow their opinions rashly.

IN the current number of a contemporary journal* may be found a lengthy but interesting report of the trials of some important "diseased meat cases," as they are called, which recently took place in our northern capital. Amongst the witnesses for the prosecution were Professor GAMGEE and Dr. LITTLEJOHN, medical officer of health, whilst those for the defence included Dr. GRAINGER STEWART, Pathologist to the Royal Infirmary, and Dr. ALEXANDER WOOD. The evidence of some of these gentlemen opened a point of argument of such an important character that we feel called upon not to let the record of this trial escape the notice of our readers. The court was crowded to excess during the trials, which lasted three days, and the determination and acuteness of the cross-examining powers of one of the counsel for the defence attracted considerable notice. But they were all in vain: the charges were found to be proved, the carcases were confiscated, and a penalty only not inflicted because the cases were the first that had occurred under the new Act.

WILLIAM ROBB, flesher, and PETER GARDINER, dairyman, were charged at the Burgh Court on the 5th and 9th of November with having in their slaughterhouses, on the 29th and 31st of October, the carcases, or parts of the carcases, of cows, unsound, unwholesome, and unfit for human food. These cows, it was asserted by the prosecution, had laboured under the epidemic form of pleuro-pneumonia now raging amongst cattle; the inspector of markets (Mr. WILSON) adding, that he thought two "of these animals had been brought to the slaughterhouse to save them the trouble of dying." It was likewise shown, that independent of the disease present in the chest, "the meat was dry and clammy" or "soft and flabby;" that "numbers of bruises existed on the surface" of the carcase; that "the midriff was decomposing;" that "the flesh had a dark appearance, and was inclining to wet," &c. On the part of the defence it was admitted that the animals had been slightly affected by, or were in the very early stage of pleuro-pneumonia, but it was maintained that in such condition and at such a period no deleterious influence was produced upon the flesh, and that it was consequently wholesome and fit to be employed as food. As may be supposed, there was abundant evidence, lay and professional, on both sides, to prove just opposite states of things. Prof. GAMGEE asserted that the meat in question was unfit for human food, and, said he, "I would not like to eat it myself;" whilst Dr. ALEXANDER WOOD maintained that there was nothing wrong in the condition of the flesh, and rejoined, "I will eat a beef-steak off that cow if I can get it." Professor GAMGEE asserted that there was evidence for strongly inclining to the belief that the use of the flesh of animals as food which had had pleuro-pneumonia gave rise to colic, diarrhœa, and carbuncular affections in man; and that inflammation of the skin and eyes was produced in the Edinburgh slaughterhouses, from contact of the septic fluids of such animals with those structures in men. On the other hand, Dr. ALEX. WOOD expressed the opinion that all such ideas were old women's fables, and said

* Edinburgh Veterinary Review, December, 1864.

that "he would not be there as a witness were it not that he felt it would be the greatest calamity that could befall the poorer classes of the city if every carcase affected with pleuro-pneumonia were to be condemned. It would raise the price of meat so much that it would be unattainable by the lower classes, and then the diseases that were produced by the absence of butcher's meat would be found to prevail. It was very decidedly his opinion that it was much more likely to be injurious to the health of the poor than if the trade were to be allowed to go on in their own way." Whilst Dr. LITTLEJOHN considered an animal afflicted to the slightest extent with pleuro-pneumonia as unfit for human food, Dr. GRAINGER STEWART contended that in the early stage of the malady the flesh was not affected. Mr. ROBB'S cow, whose carcase was found by Professor GAMGEE to be "obviously that of a diseased animal," "soft and flabby," &c., so satisfied Professor DICK that he was led to exclaim, "I am ready to eat a steak of it just now." "I fancy," said Mr. DYMOCK, who was cross-examining, "you would not give your friends that steak." "Yes," replied Mr. DICK, "and many of them would lick their lips after it. Many of those who make a work about it do not know what diseased beef really is." The old adage, "De gustibus non est disputandum," will no doubt help us to explain some of the discrepancies of the professional and other evidence. What one will tolerate or even enjoy, another will instantly repudiate. For ourselves, we must confess, however, that we should prefer Professors GAMGEE and LITTLEJOHN to cater for our mess, rather than Professor DICK and Dr. STEWART. There is a strong feeling with us that "sticky steaks, inclining to wet," with "bluish fat" to them as trimmings, are not model steaks, nor steaks of which as jurors we could make "honourable mention." Moreover we really are simple enough to avow the belief that these are just the steaks which might be supplied by pleuro-pneumonic cattle.

But, leaving the steak question, let us come to a point which we had mainly in view in referring to these trials. From the carcase of ROBB'S cow, which "seemed to me, as far as I could judge, perfectly good," says Dr. STEWART,—but which carcase, it will be remembered, to the Inspector of Markets, to Mr. GAMGEE, and to Dr. LITTLEJOHN at once appeared unwholesome and unfit for food,—"I had certain portions of the flesh cut out, and took them with me to the infirmary to look at them more narrowly. I put portions of them under the microscope to see if there was any morbid appearance, and there was none.....I dissected a piece of the pleura in three parts of the cow, and cut sections of the muscles, and examined them with the microscope, and there was nothing but the thickening of the pleura, probably the result of inflammatory action; and the muscular tissue was quite healthy. I saw nothing in the flesh of the cow to indicate any unsoundness, and it seemed to me quite fit for human food.....I cannot tell at what stage of the disease the flesh becomes affected, but if you show me the flesh I will tell you whether it is normal or abnormal."

Again, as respects GARDINER'S cows (concerning which Dr. LITTLEJOHN, the officer of health, observed, "For the last ten years I have examined almost every animal that has been condemned in Edinburgh; a single glance at one of Mr. GARDINER'S animals would have shown that it had been extensively diseased"), the Pathologist to the Royal Infirmary remarked that "he had examined the carcases of the two cows in question, that he had used the microscope in his examinations, and that he considered the flesh was quite sound, wholesome, and marketable;" and "by the term wholesome I mean tending to promote health."

Whatever may be Dr. STEWART'S qualifications as a microscopist, it is clear to us that we should not like to trust him to buy our mutton. In this respect we would prefer rather giving him the "cold shoulder" than taking it from him. Further, we entirely disagree with such a doctrine as would teach that animal flesh which under microscopical examination does not betray evident structural change cannot be unwholesome; and such was the opinion of Prof. GAMGEE and Dr. LITTLEJOHN. The former stated in his cross-examination that "the microscope could not be of the least use in examining the muscles in cases of pleuro-pneumonia. Occasionally the flesh that looks most beautiful is bad, for the appearances are often very deceptive; therefore great caution is required in the inspection. Defective nutrition makes the muscle pallid and thin." The latter witness observed: "I am well acquainted with the pathological appearances in the human body, and without such experience as I have had during the last ten years, I would be perfectly helpless in giving an opinion regarding the cattle of Mr. GARDINER. I did not consider it necessary to subject these animals to microscopic examination, as it would have been a mere case of scientific trifling." With these same cows of friend GARDINER, Dr. WOOD was equally delighted. "There was no trace of any disease whatever having extended to the flesh.....The only methods of examining tissues known to scientific men were by the eye and by the microscope. The microscope frequently reveals morbid conditions of tissues which the eye fails to observe. No scientific man would call it trifling to use the microscope to examine whether the flesh of animals was diseased. He had heard it called trifling by flippant people who are ignorant of the use of the microscope; but he had never heard a scientific man say so."

Dr. ALEX. WOOD will probably admit, however, that the important question at issue here is, whether the flesh of an animal used as food may not be positively noxious to the consumer whilst microscopic examination of its muscular tissue shows no departure from a normal structural state; and not whether the microscope may not often reveal structural changes imperceptible to the naked eye, and that by it, and by it alone, can be detected certain organic lesions which cannot be demonstrably exposed by any other method. To ridicule the general use of the microscope in examining supposed morbid tissues, is one thing; and to maintain that tissues may be endowed with certain noxious molecular activities which the microscope cannot detect, is another thing. We should be amongst the last to do the former, and amongst the first to do the latter. The microscope can do much, but not everything. It cannot show us any stable and essential structural differences between the pus-globules of gonorrhœa, chancre, small-pox, and ophthalmia; and yet with what different activities or vital forces are they endowed. Can it point out wherein lies the essential difference, structurally, between the poison of the cobra di capello and that of curari? In fine, does not the more advanced science of the day lead us to the belief that, speaking generally, every disease must necessarily have been one of function before it can have become one of structure?—that the influence of a vast number of poisons—i. e., azotised substances in states of putrefactive alteration—upon the blood must be regarded as

rather dynamical than material, consisting more in the *propagation of force* than in the introduction or substitution of components? Changes of structure may be detected by the microscope; *forces*, except in the structural lesions they give rise to, never. True it is that such is the correlation of force and matter that alterations of the one would appear necessarily to involve modifications of the other. But may not a particular vital force be stored up in a structure in a state of tension, as it were, and to which no transparency of vision can ever penetrate? Be this as it may, we refuse to accede to the doctrine that flesh-meat cannot be unwholesome because the microscope fails to detect any abnormal structural state of the muscular tissue.

WE earnestly hope that those important organs of the general press which have joined us in denouncing the facilities afforded by many otherwise respectable journals to the advertising quacks for ventilating their obscenities and spreading their nets, will not desist from the useful work now so well begun. Public opinion is fairly aroused, and if the subject be not allowed to fall into oblivion by neglect a most wholesome reform will surely be effected. But it must not be forgotten that the influence to be overcome is a very powerful one. The amount of money expended by the proprietors of "Silent Friends," "Vital Regenerators," and "Guides to Manhood," in advertising their harmful wares, is very great; and no doubt to many a struggling journal the sums so received constitute an inducement which pleads very urgently for the continuance of a practice which is so largely lucrative. But if the attention of the general public be sufficiently awakened to the vile nature of this traffic, this inducement will cease; for the loss of circulation and the loss of character incurred by journals which shall continue to defile their columns by the announcements, will more than counterbalance the direct profits of the paid insertions. There is no reason that we can see why it should be considered much less disgraceful to print this sort of obscenity, than it would be to introduce it into written correspondence or ordinary conversation. The journalists who permit their columns to be so abused are undoubtedly the accomplices of those whom they freely denounce in their leading articles. We willingly suppose that many have been unaware of the extent to which these men go; of the wicked falsehoods which their books systematically inculcate as truths; of the cunning with which they pander to the curiosity of youth, and the artfulness with which they sow the seeds of the habits which they describe; of the ingenuity with which they hint dangers, distort natural conditions into indications of disease, and sound alarms so numerous and so well devised that only those who despise and distrust them can rise from the perusal of their books without fear and trembling, and the impulse to seek advice from some of their crew. Those who yield to that impulse suffer not only in pocket, but in *morals*. They are led to believe that which endangers their peace of mind and destroys their self-respect. Thousands have suffered not only pecuniary despoilment, but mental torture and moral self-abasement, under their hands. There are many important organs of the press, in the metropolis and in great towns, which have not yet seriously faced this question; but we earnestly hope that they will be induced to take part on the side which honour and regard for the public welfare and for public decency and morality demand. The profession will have seen with great satisfaction that the plain appeal which we penned a fortnight since has found a wide echo, and has been largely endorsed by the press. But persistence in this course is essentially necessary to such a measure of success as will materially affect the present disgraceful state of things. That journal must be considered defiled, and unfit for circulation in the families of decent men, which does not reject these advertisements. We will willingly insert lists of those provincial and metropolitan papers which do reject them; and if the *Times*, the *Saturday Review*, *Punch*, and other influential organs which have shown themselves earnest in aiding to bring about this necessary reform, will adopt the same course, after a very short time the broadsheets which now carry pollution into the households of this country would become clean from this offence, and an abominable and dangerous traffic would be checked. Further legislative measures are probably needed to stop the wholesale circulation by post of these disgusting books, and the opening in public thoroughfares of obscene museums, such as those in the Strand and in Oxford-street.

Medical Annotations.

"Ne quid nimis."

CHLOROFORM.

BY slow degrees the true principles of inducing anæsthesia by chloroform with the least amount of risk are making their way in the metropolitan hospitals. At most hospitals now, but not we believe at all, the administration of chloroform is confided to the care of a competent and experienced person, specially appointed to that duty. The governors of Westminster Hospital have, we learn, at the instance of their medical officers, now wisely resolved to appoint such a person at their institution. At St. Mary's Hospital, also, where the question of the administration of chloroform has been under the consideration of a medical committee, it has been resolved to continue in this respect the system which has hitherto been in force there, but to create a resident office for the chloroformist, so that his services may be more available in emergencies, as well as on the regular days of operation. At both hospitals Mr. Clover's admirable apparatus, which was the only one entirely approved by the Chloroform Committee of the Royal Medical and Chirurgical Society, has been recommended for adoption. It has for a long while been successfully used at University College Hospital, and we learn from Westminster Hospital, where it has now been for some time in full work, that the comfort and safety with which chloroformization can be performed, are found to be greatly increased by the use of this instrument. All sorts of speculative objections have been raised against the apparatus in question. It was said, for instance, to be clumsy, obstructive, and difficult to manage; but the house-physician of Westminster Hospital assures us that, on the contrary, it is extremely commodious, and that its use is attended with no fuss whatever—a remark which certainly could not be applied to sundry inhalations from the "simple" handkerchief or towel which we have witnessed. It has been said that the patients would be alarmed at the size of the instrument, but nothing of the sort has occurred. Finally, a more serious objection was raised by the theorists—to wit, that the mixture of air and chloroform-vapour in the reservoir would *separate into strata*, and all uniformity of atmosphere would be at an end. This looks plausible on paper, but in actual practice nothing of the kind happens; the air in the bag may be tested at any period of the longest operation, and will be found to retain that equable and mild im-

pregnation with chloroform which it possessed at the commencement of the operation. There can be no doubt in our mind that every hospital should be furnished with an apparatus of this kind, which is, to say the least of it, a very considerable protection against the evils which might result from the ignorance of the dressers and others who occasionally have to administer chloroform in an emergency, and in whose hands the use of the towel or handkerchief involves a great risk.

THE STAFF OF LIFE.

THE reports of recent commissions have demonstrated how often the "staff of life" is tipped with steel and converted into the arrow of death by the carelessness and neglect of the master baker. Even the weaver is longer lived than the baker: the business of the weaver is conducted under conditions essentially destructive to health and life; yet, according to Dr. Guy, he has over the baker the advantage of nine years in the average of his life-term. The mean age of bakers at death has been determined at forty-two: this gives to them at the age of twenty an expectation of life for only twenty-two years, whereas the expectation of life of the male population generally at that age is forty years, according to the English Life Table.

Since bakehouses have been liable to inspection and subject to sanitary regulation, some improvement has taken place; but as a proof how much more is needed, let us give the following extract from the report of Dr. Ballard, the able medical officer of health for the parish of St. Mary, Islington:—

"I have before me the returns made by the Inspector of Bakehouses, who since his appointment has visited 192 bakehouses. He has furnished the particulars relating to each upon a form which I drew up for his direction. It may be as well that I should at once supply, for the information of the vestry, an analysis which I have made of Mr. Godbold's returns.

"1. Of the 192 bakehouses, seventy-two, or more than a third, are stated to be dirty—some very dirty. In many more, not thus returned as *generally* unclean, the walls and ceilings are described as dirty or dilapidated. In one, besides an accumulation of rubbish, a horse was kept in the bakehouse.

"2. In fifty-one the paving or flooring was broken or in bad condition. In one a defective drain ran beneath the bakehouse at the spot where the man stood to work at the trough, and the soil rose between the stones as they were stepped upon. In three the floor was undermined by rats—a pretty sure indication of foul effluvia. In one the walls were damp from leakage from a neighbouring drain.

"3. Seven were without any means of ventilation whatever. In the rest the ventilation varied from excellent to very imperfect.

"4. In three there was no proper sulphur-flue.

"5. In three a panned privy without proper water-supply, or very dirty, was situated on the same level with the bakehouse, and near enough to introduce foul effluvia into it. In three other instances the privy was within the bakehouse itself; in one of these there was neither pan nor trap, the privy consisting of a bar of wood over an opening in the drain.

"6. In two the storeroom was dirty; in one of these there was also a stench from a drain.

"7. Twenty instances were discovered in which the bakehouse was used as a sleeping-place, the custom where this was found being to admit the men some hours before the time for commencing work, so as not to disturb the master for the purpose of letting them in. In one of these instances the air was liable to be especially foul by the absence of a sulphur flue, and in another by the privy being within the bakehouse.

"8. In two instances the sleeping-place for the workmen was a few inches below the level of the bakehouse; in one of these the sleeping-place was without any means of ventilation.

"9. In five instances the men slept in the loft over the bakehouse and furnace—a very hot place. In one of these the man informed Mr. Godbold that the boards were so hot at times that he could hardly stand upon them, and that the place in consequence of the heat was swarming with bugs. One of these sleeping lofts was the medium through which alone the hot air and steam from the bakehouse could escape.

"10. In two instances sleeping-rooms on a level with the bakehouse were not ventilated by windows opening to the extent required by the statute.

"11. Mr. Godbold, in his night visits, did not discover any youths under eighteen years of age (apparently) at work.

"12. There are fifteen establishments where it is stated that the business is conducted without night-work."

Without such a detailed tabular statement it would not be easy to form an idea of the filth and abominations which pollute the atmosphere in which our bread is made. The absorbent surface of the freshly kneaded dough is extremely well adapted for becoming speedily saturated with the vaporous and gaseous abominations floating around it; and such bread can neither be cleanly nor wholesome. As for the poor bakers themselves, they are sacrifices to the Moloch of industrial paganism. It would be hard to show why breadmaking should not be an eminently healthy occupation. If conducted with due regard to the cleanliness, coolness, proper ventilation, and construction of the workshops, which every consideration of decency and propriety demands, and if the hours of work were fairly adjusted, there is no reason whatever why the men who produce the main sustenance of the life of our population should do so at the certain peril of their own health, and the shortening of their days. Of the 21 bakers who died in Dr. Ballard's district during the last three years,—being a mortality of 42 per 1000,—12, or more than a half, have died of consumption or disease of the lungs. Dr. Guy found that 80 out of 100 bakers (thrice as many as amongst even compositors) suffer from chest-diseases more or less severe. So far as the provisions of the existing Act go, they should be rigidly enforced for the protection of this suffering class of men. Careful inspections in every district are required, such as those carried out under Dr. Ballard's supervision. But energetic measures are further needed to make the inspection of avail. Summary convictions before magistrates, and the publication which would follow of the nature of the offence and the name of the offenders, would be most salutary means of introducing Hygeia into the bakehouse, ensuring health to the baker, and clean, wholesome, wheaten bread to the consumer. We have reason to fear that without some strong expression of opinion on the part of the profession and the public very little amendment is likely to follow, although much is evidently needed. The Act is permissive instead of compulsory; and vestries will do little in the way of sanitary work where merely permissive powers exist. We believe, from inquiries which we have instituted, that even the Islington vestry have not been moved to any active or continuous steps by the stirring report which we quote; and the Islington public have the satisfaction of knowing that their bread is filthily polluted, although not worse than the bread of their neighbours in other parishes.

THE YOUNG IDEA.

A SHREWD observer, whose signature of "S. G. O." is well known to the readers of *The Times*, has recently contributed to that journal an excellent social homily on the education of children. His theory that very young children receive and retain many impressions before possessing the knowledge to interpret their true meaning, or understanding to apply them, is one generally held by psychologists, and an admirable illustration of it is cited by Abercrombie. But it is the common-sense application of this theory which renders the letter of "S. G. O." worthy to be written in letters of gold, for the study of all parents; especially those who consider the best system to rear the tender thought is to unnaturally force their children's brains, or those culpably careless people who leave to ignorant nurses the delicate task of training the opening mind.

But it is scarcely fair to the profession that "S. G. O." should describe medical practitioners as not sufficiently alive to the influence of mental impressions and undue excitement of brain in cases when children at last become so ill that the doctor has to be called in, or that in such instances "they then all say it is stomach, and proceed to inflict all kinds of intestinal

torture to no purpose." In nearly every family where there are many children the authority of the doctor has to be exercised to check the evil practice of allowing little brains to be over-exerted or over-tasked; and the opinion of the writer must, we expect, have been founded on practice pursued before the diseases of children received that careful study which has of late years been devoted to them. He truly adds that "the 'headaches' of early childhood are on the increase; medical men are more than ever alive to the fact that children are over-excited in the nursery, and, but too often, too early and far too hard worked in the schoolroom; they are 'forced,' as gardeners would say, for too early exhibition in the drawing-room.....I wish the physicians and surgeons who have to prescribe for the headaches, sleeplessness, brain fevers, spine complaints, now so common in the nurseries and schoolrooms of the land, would boldly tell the parents the wholesome truths they could tell with such authority.....They are fee'd as medicine-men, and will not be hearkened to if they prescribe common-sense instead of hyd. c. creta."

We trust this picture is somewhat overdrawn, as the majority of parents are more reasonable than here represented, and medical practitioners do tell very wholesome truths, often to their own detriment, some quack being frequently called in because "really the doctor does nothing." The importance of headaches in children is fully recognised by the profession, as a reference to the latest authorities will prove. "Inattention to its complaints of a headache has cost the life of many a little child," says Dr. Wright in his work on the subject. And again, in reference to the very cases mentioned by "S. G. O.," he writes thus: "Young folks of both sexes, especially if they are of studious habits and give promise of ability above the average, frequently complain of headaches, sometimes persistent, but more often of varying intensity, and accompanied by a sense of lassitude unnatural to youth. It is too much the custom, through a mistaken confidence, or a too fond pride, to allow youths who love their books to satisfy without check their eager thirst for knowledge. To this indulgence may often be traced the weakly frame of the scholar, for the precious time that in youth he should have spent in exercise and in giving stability and strength to his frame was devoted to his books. That modern system of school-discipline, which punishes a boy by increasing his task and by confining him until it be completed, is often productive of lasting injury to the health."*

By way of comment on the passage above quoted from the letter of "S. G. O.," a provincial physician has written to *The Times* suggesting that the duty of the doctor would be better fulfilled if his work were done by contract! This view is certainly opposed to the general feeling of the profession; and evidently proposed without consideration of the influence such a course would have on the social status of medical men.

* Headaches; their Causes and their Cure. Third Edition. London: Churchill and Sons.

VOCALIZATION.

A VERY useful article has recently appeared in the *Philosophical Magazine*, written by Mr. J. Bishop, F.R.S., proving how necessary it is, not only that the pitch of the tuning-fork should be uniform, but that it should be conformable to the structure and functions of the human voice. The greater portion of our best music, including the works of Handel, Mozart, and Beethoven, was composed at a period when the tuning-fork made about 512 vibrations for C; but about half a century since, there arrived in this country German performers on wind instruments whose pitch was much more acute, and an erroneous opinion soon prevailed that the tones of wind instruments were improved by this higher pitch. Unfortunately the Philharmonic Society and the orchestral departments of the theatres fell in with this delusion—the Philharmonic adopting one pitch, the Opera another; and at length almost every maker of musical instruments chose his own pitch: thus has arisen the well-known difficulty of getting together performers on even two or three instruments in perfect unison with each other, and also that of the singers themselves not knowing whether the music is or is not within the compass of their voice. In this state of uncertainty the Society of Arts appointed a committee to investigate the subject; and their recommendation was, that 528 vibrations be adopted for C, instead of 512—this being about a semitone higher than that in use in the time of Handel. The effect of this alteration in the fundamental pitch has been very important. The pianoforte makers have been obliged to shorten their strings, the organ builders their pipes, and the flute makers to cut off a portion of their tubes; but as Nature has made no corresponding change in the length of the cords of the vocal organs, and in order to diminish the evils which the present pitch has inflicted on the human voice, very many of Handel's and Mozart's popular songs have been transposed by Callcott and others into lower keys, so as to bring them as nearly as possible to that pitch sanctioned and used by the composers themselves. Now although this transposition can be easily effected in short pieces of music, yet no one would think of changing the key of a whole oratorio or mass, and consequently many choral performers can no longer join in the execution of these celebrated productions. It appears that even Madame Goldschmidt herself, with her extended range, has complained of the strain which the change of pitch at the opera produced in her vocal organs. Moreover it is well known that the tones at the extreme limits of phonation are never so pure in quality, or so agreeable to listen to, as the notes within these limits; and when the vocal cords are unduly strained they do not easily regain their elasticity, and both the melody and the range become seriously impaired. Many a fine voice has been thus ruined. Nor is this all; the effort and strain to produce some of the higher tones has not only given rise to spitting of blood, but has been known even to produce apoplexy. Sir John Herschel strongly protested against the decision of the committee of the Society of Arts, and Mr. Bishop as forcibly urges the reduction of the pitch of C to its former limit of 512 vibrations; he also contends that the pitch of all musical instruments intended to accompany the human voice should be made *subordinate* to the anatomical and physical structure of the human vocal organs.

HOSPITAL HYGIENE.*

No. IV.

IV.—THE RELATIVE ADVANTAGES OF TOWN AND COUNTRY HOSPITALS.

IF the rate of mortality of an hospital be taken as the test of its sanitary condition, it would not be difficult to make out a strong case in favour of country hospitals. The fallacy, however, of such a test for any sanitary inquiry has been already exposed; and on careful investigation the test turns out to be particularly worthless in drawing a comparison between town and country hospitals, and for the following reasons:—

1. In large towns there is always great pressure on the resources of an hospital, and as a matter of necessity the most severe cases only are admitted; but in the case of most rural hospitals there are comparatively few applicants in proportion to the number of beds, and consequently patients are admitted with less regard to their fitness to become inmates, and are retained for a longer period.

2. Most country hospitals absolutely exclude all cases of infectious diseases, the admission of which would in itself add greatly to the general rate of mortality; and, moreover, as already shown, the exclusion of infectious diseases virtually in-

* Report by Dr. John Syer Bristowe and Mr. Timothy Holmes on the Hospitals of the United Kingdom, published in the Sixth Report of the Medical Officer of the Privy Council. London, 1864.

volves the exclusion of a large proportion of other acute diseases. In point of fact, in many country hospitals the bulk of the cases are of the most trivial nature. It is idle to assert that no acute cases are admitted into these hospitals because there are no acute cases to be admitted; for, although it may be possible that certain affections prevail more in town than in the country, it is undoubted that the emergencies of medical practice—pneumonia, pleurisy, apoplexy, acute bronchitis, rheumatic fever, and a host of other acute maladies—are dependent for their causes on other conditions than those peculiar to cities, and that they prevail in fair proportion even in districts reputed to be the most salubrious.

3. In many country hospitals there is a rule that persons with incurable diseases, such as cancer, phthisis, and advanced Bright's disease, shall not be admitted, or if admitted accidentally, shall be discharged. In town hospitals cases of this sort are admitted in large numbers, and although in some of the London hospitals there is a rule for the exclusion of phthisis, it is well known that in practice the rule is largely disregarded.

4. In most of the hospitals of London, and of the large provincial towns, there is no rule for excluding dead or dying cases; but in the majority of country hospitals, such a rule not only exists but is enforced, and the reporters have ascertained that dying cases are really never admitted wittingly into the wards.

5. On the other hand, it is the practice in most country hospitals to admit patients with diseases that are rarely fatal which are not received into the majority of town hospitals. Diseases of the skin and eye, ulcers of the legs, syphilis, chronic dyspepsia, hypochondriasis, hysteria, amenorrhœa, "debility," and incipient phthisis, may be mentioned in particular. Moreover, this is one of those distinctions which often reveal themselves far less in tabulated reports of disease than they do in the actual inspection of the patients in hospitals. For in mere reports ten cases of phthisis in one hospital stand as the equivalent of ten cases of phthisis in another hospital; but where in the one instance the admission of cases is determined by special rules and by governors' letters of recommendation, as in most country hospitals, and in the other it is regulated solely by the relative needs of applicants, the almost necessary result is that in the former instance nine out of the ten cases of phthisis will be cases of incipient or suspected phthisis only, while in the latter nine out of the ten will be cases of the disease in an advanced or urgent form; and the same remark applies to rheumatism, bronchitis, and the majority of medical complaints.

6. Most hospitals in large towns are schools of clinical instruction, and this very circumstance, as already explained, tends to increase the death-rate.

Many other circumstances might be adduced, and more especially the difference in constitution between persons living in large towns and those living in the country, which have an unfavourable effect upon the death-rate in town hospitals.

The Report contains some valuable statistics bearing on the relative success of operations in town and country hospitals, from an analysis of which the following important conclusions are arrived at:—

1. That out of 344 cases of amputation in London, 36 (or 10·4 per cent.), and that out of 252 cases of amputation in the country, 13 (or 5·1 per cent.) died in consequence of the injuries or diseases on account of which the operations were performed—a fact confirmatory of the general belief that operation cases treated in London are, on the average, cases of greater severity than those treated in the country.

2. That (excluding from computation the above fatal cases, and also those in which death was dependent on the operation itself) out of 302 cases of amputation in London, 37 (or 12·2 per cent.), and out of 233 cases of amputation in the country, 25 (or 10·7 per cent.) died from hospital diseases—a fact tending to show that the greater success of surgical operations generally believed to be attained in country hospitals is extremely doubtful, and that a person with a given disease or injury which requires amputation has as good a chance of recovery (speaking generally) in a metropolitan as in a rural hospital.

According to the statistics, indeed, amputations of the thigh, whether for accident or for disease, are more successful in the hospitals of London than in those of the provinces—a result which, on the whole, would scarcely have been expected, and which cannot be pointed to very triumphantly by those who maintain the relative salubrity of country hospitals.

Again, as regards lithotomy, the difference between town and country hospitals is, with respect to the mortality of the operation, purely trivial. Indeed, the conclusions to be drawn from the statistics collected by the reporters are unfavourable to rural hospitals, for the actual per-centages of deaths were 12·1 for hospitals in large country towns, 14·1 for hospitals in London, and 16·6 for hospitals of the rural class. But to prove how little the success of stone cases is affected injuriously by hospital atmosphere, attention is drawn to the fact, that out of thirty-three cases operated on in St. Thomas's Hospital during the four years ending Dec. 31st, 1860, there were only four deaths, and that of these deaths one was due to perforation of the stomach by an ulcer, and one to exhaustion, dependent, not on the operation, but on the disease for which the operation was performed. And as regards the other two, the deaths were not due to so-called hospital diseases. Again, out of forty-one cases of lithotomy performed at Guy's Hospital during the three years ending Dec. 31st, 1863, there were five deaths, of which not one was due to hospital complications. The inferences to be drawn from these statements are strengthened by the statistics of lithotomy on a much larger scale, collected by Mr. Henry Thompson. His results show little difference in the rate of mortality at any of the hospitals, whether metropolitan or rural, except, perhaps, at those of Leicester and Cambridge, where the mortality is considerably lower than at the others, and yet the hospital at Cambridge is confessedly very defective in construction and in sanitary arrangements. Moreover, the difference between the rate of mortality in the London hospitals and in most of the country hospitals is not greater than the differences which exist amongst country hospitals themselves. It is evident, however (when one considers how important are the influences of age and some other circumstances in determining the results of this operation), that little reliance can be placed on any comparison of statistics in which the ages of the patients, the size of the stones, and the condition of the kidneys are omitted; and that unless these facts and others relating to the causes of death be specified, it is impossible to form any kind of estimate of the effects of hospital influences over the death-rate of cases of lithotomy.

From the cogent arguments advanced in the Report before us, the conclusion appears to be inevitable that the advantages to be obtained by treating the sick of the metropolis or of other great cities in hospitals situated in the country are very problematical; while the advantages, if there be any, would certainly be more than counterbalanced by the inconveniences which the arrangement would involve. It is impossible to treat the sick poor of a great city anywhere except near their homes, at least those of them who are most seriously ill, and who are more especially the objects of treatment in our large hospitals. In any scheme for a country hospital to receive the patients of a city, there must always be left in the city a depôt for the acute cases and grave accidents not admitting of transit. The pressure upon the resources of the latter would therefore increase, and overcrowding would result; while the country department would become what country infirmaries now too often are—namely, a receptacle for chronic invalids. The institution, however, of convalescent hospitals in the country in connexion with large metropolitan hospitals is a wise provision for not only does the change enable the patients more speedily to recover their strength, but the withdrawal of lingering

cases from the wards in town sets free the beds for the treatment of acute disease. A convalescent hospital is about to be built in connexion with St. George's; and we hope that ere long this example will be followed by other metropolitan hospitals.

Correspondence.

"Audi alteram partem."

THE REFORM OF BETHLEHEM HOSPITAL.

To the Editor of THE LANCET.

SIR,—In July, 1863, you did me the honour of inserting in THE LANCET a letter on the subject of "The Reform of Bethlehem Hospital," having reference to the debate then recently held in the House of Lords on the subject of the removal of Bethlehem from the crowded thoroughfares of London, and to the discussion of this question at the annual meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane.

In THE LANCET of April 16 you reported the progress made by Mr. Martin in his inquiry on behalf of the Charity Commissioners into the Management of Bethlehem Hospital. The meeting, you say, was adjourned *sine die*. I have reason to know that at least one other meeting has since been held, at which important witnesses were again examined on the vexed question of the removal of the charity into the country. The result has been that the inspector has submitted to the Bethlehem Committee four suggestions, on which they have sought the advice of Drs. Hood and Helps. Their opinion is contained in a letter dated 24th November, and addressed to the "President, Treasurer, and Governors of the Royal Hospital of Bethlehem."

I ask your leave to make a few remarks thereon:—

I. The inspector suggests—1st, That the revenues for incurables should be amalgamated with the general revenues of the hospital. Drs. Hood and Helps consider this suggestion "so intimately connected with the departments of president and treasurer that they cannot recognise it in their province as medical men to advise." The public and the medical profession think very differently of the prerogative of the treasurer and president to squander the revenues of this great charity. "The public," said Lord Shaftesbury in the House of Lords, "has a right to ask from the governors of Bethlehem the full benefit of the magnificent revenue in their possession." The income of Bethlehem Hospital for 1863, exclusive of the payments made by Government for the criminal lunatics, was over £22,000. The daily average of patients under treatment was 210, which makes the annual cost of each bed to be about £100. On the other hand, the accommodation and treatment at Bethlehem is, excepting the more liberal allowance of meat in the dietary, just on a par with the best-managed county asylums, where the total annual cost per bed, including all repairs charged on the county rate, is about £30. This annual income of £22,000 is divided between the general revenues of the hospital and the Incurable Fund in the proportion of £15,000 and £7000. This fund, with an income of £7000 a year, must be charged with a deduction of £10 per cent. for rates and taxes and management. Sixty-eight patients are maintained out of it, being at the rate of £90 per bed, as against £30 in the county asylums. If the governors adopted the wise suggestion of the Earl of Shaftesbury, and applied this income of £7000 a year in reduction of their maintenance charges—say by one-half on the average—and kept their patients at £50 a year, which they easily might, this Incurable Fund would relieve 250 patients of the incurable class instead of 68, and 40 more than the whole revenues of Bethlehem now maintain! Whether the revenues for incurables should be amalgamated with the general revenues, I much doubt; that they should be administered so as to relieve the largest number of middle-class patients afflicted with incurable mental disease no one can question; still less that these funds are not now so dispensed.

II. The inspector recommends a branch establishment in the country for the temporary reception of such of the patients as may be likely to be benefited by the change. Drs. Hood and Helps admit the benefit and advantage which would result from the establishment of such a branch institution in the country, and advise that a house capable of accommodating ten patients of each sex be provided! Instead of country quarters for twenty patients, under the charge of a good matron and housekeeper (the only additional staff which would be required, say Drs. Hood and Helps), the Association of Medical Officers of Asylums formally assert that all the patients of this great charity should be removed to a site more adapted to the present state of psychological and sanitary science, and affording enlarged means of relief and cure as contrasted with what they now have in the present site and structure. "Good air, free exercise out of doors, cheerful mental recreations, agreeable objects, pleasant walks, various employments within doors and without, but especially in farms and gardens, are acknowledged in all asylums powerfully to contribute to the recovery of the curable patients and to the comfort and happiness of all." "For some of these important aids (continues Dr. Conolly) the present hospital of Bethlehem is manifestly and confessedly not adapted." The public and the Commissioners in Lunacy and the medical profession alike share this conviction, and its realization is not to be set aside by Drs. Hood and Helps' mild scheme of country quarters for twenty patients.

III. The inspector suggests that the rules of the hospital be so altered as to allow the admission of patients suffering under a greater variety of forms of insanity. Drs. Hood and Helps wisely herein counsel the governors to enlarge their limits, and to admit curable cases of more than twelve months' duration, and cases of general paralysis of less than twelve months' duration. This extension would, I believe, satisfy the profession.

IV. The inspector farther advises, with the view of extending the experience requisite for the efficient medical treatment and management of the insane, that a limited number of young medical men be admitted to Bethlehem as resident clinical clerks. Drs. Hood and Helps "feel very strongly the value of this suggestion, and unhesitatingly appeal to the governors to give it support." They advise the appointment for a limited period of two resident clinical clerks. No one can question the wisdom of this recommendation; but do Drs. Hood and Helps mean to say—as their remarks on the uselessness of clinical instruction in the study of mental disease would imply—that such teaching is useless, and that all that Bethlehem Hospital can offer towards the instruction in the subject of mental diseases of the London students of medicine is the appointment (probably for six months in rotation) of two clinical clerks? I can only say that had I been physician to Bethlehem I should have felt odd in signing this formal announcement of my failure and inability to offer clinical instruction in my own specialty. Why, University College Hospital, without one case of insanity for clinical study, has advertised a course of lectures next spring to fill the void in their course of teaching occasioned by, I must say, the apathy and neglect of the physicians of Bethlehem Hospital on this question of the clinical teaching of insanity? In Edinburgh two such courses of lectures are regularly delivered, and although the attendance is perfectly optional, some thirty to forty students yearly avail themselves of the opportunity. And yet Drs. Hood and Helps would shelve the question by the singular statement that "experience has led to the conviction that a visit to the hospital or a walk through the wards two or three times a week, added to the clinical instruction of the physician, will not alone teach the student how to grapple with the violent and often sudden paroxysm of mania, any more than to remove the morbid self-accusations of the melancholic, and restore his bright eye and cheerful smile."

The future of Bethlehem is assuredly not settled by this report to the governors by the late and present resident-physicians on the four suggestions of the Charity Commissioners' Inspector.

I am, Sir, your most obedient servant,

C. L. ROBERTSON, M.D. Cantab.

Hayward's-heath, Sussex, Dec. 13th, 1864.

HONORARY DISTINCTIONS TO MEDICAL OFFICERS OF THE ARMY AND NAVY.

To the Editor of THE LANCET.

SIR,—A communication has lately appeared in your columns concerning the contrast afforded in the distribution of the Victoria Cross to medical officers of the army and navy. Setting aside the comparative merits in the instances which called forth that letter, it is a remarkable fact that the army list contains not less than ten medical officers to whom that highly-esteemed decoration has been awarded, while the navy list does not present a single name. This disparity should not,

however, be viewed as a proof that the position of the naval medical officer is devoid of occasions in which that distinction may be fairly gained, nor that in the present day they are less ready to perform distinguished acts of valour than they were, when, as recorded, a surgeon has had command of a boat that first boarded a frigate under the fire of the enemy's batteries, or has left his post below and rushed on deck, cutlass in hand, to assist in repelling boarders from his own ship. The navy and the country may rest assured that whatever medical officers have done in that line they are likely to do again.

Our list is now truly an active list: from extreme dearth of candidates, barely four per cent. of assistant-surgeons are unemployed; and in peace we see surgeons appointed to assistant-surgeons' posts, as in the exigency of the Russian war. Thus there are very few of us in ignorance of the striking incidents of the service, and it is still fresh in our recollection that the Baltic, the Crimea, China, Japan, and New Zealand have brought to the front several of our members, esteemed as having gained their British laurels, or their spurs, none of which have been as yet exposed for the admiration or the emulation of their brother officers.

There has been for several years a dictum, having the force of law, which has become a proverbial saying amongst us, "that scientific men are not wanted in our ranks;" but in spite of that veto, and of the exclusion of scientific titles from the navy list, we still have the honour of claiming some F.R.S.s.

It may be equally relied on that no amount of disregard will suffice to eradicate from the breasts of medical officers, wherever they may be serving, that spirit to face any danger coolly which early education has engrafted. But, Sir, would it not be more wise in a great public service to encourage, rather than to strive to extinguish, that spirit by cold, persistent neglect?

Young men who are seeking occupation do not look far into the vista they desire to enter, but they may learn to their deep regret, when it is too late, that in ignorance they have taken a step which, if it could be done without loss or shame, they would gladly retrace. The initiated know too well that if a young medical officer is ambitious to wear the Victoria Cross, or any other similar distinction of honourable service, in his early or later career, he must avoid the Royal Navy, for as soon as he has entered and looked back he will see, as his predecessors have done, "Lasciati ogni speranza" in large on the reverse of the arch he has just passed through.

For the benefit of these neophytes I beg you, as the renovator of our profession, to put on record a contrast of the army medical list with that of the navy relating to honorary distinctions:—

	Army.	Navy.
Victoria Crosses	10 ...	0
Companionship of the Bath	11 ...	1

noting that the Victoria Crosses have been mostly awarded to assistant-surgeons of the army; and that, as regards the C.B., the most derogatory reflection on the naval medical service, arising solely from an old technical objection, is that this distinction has never yet been accorded to any officer below the rank of inspector-general of the navy, while in the army, Indian as well as Royal, at least one-half of the officers have received their decorations for services as surgeon-majors or surgeons. I am of opinion that a knowledge of such guiding facts should be made easy to every medical aspirant, as he will be thus informed that in the navy the road to honorary distinctions is barred to its medical officers.

Such is the actual state of things with us; but it was not so always, and we must live in hope that it will cease, and that something like equality with our brethren of the army will soon be a substance, and no longer a shadow. Comparison of the navy lists for 1848 and 1864 proves that this state of things is of recent date, as the older list offers the names of five medical officers on active list who had received knighthood, while not a single name thus honoured will be found on the active list of the navy last printed.

Sir, the public services have much to thank you for in publishing the letters of those who are willing to enlighten the profession generally concerning our fallen condition. On a former occasion THE LANCET assisted us materially in obtaining some adjustment of the claims of assistant-surgeons; the more that spark was trodden on, the greater its vitality, until, at length, it was a fire that warmed and benefited every civilian, and ultimately the executive officers of the navy. If you will lend us your advocacy once more in seeking our due, there can be no doubt of the result, simply because truth and justice must prevail in an open field.—I am, Sir, your obedient servant,

Mediterranean Station, 30th October, 1864. MEDICUS NAVALIS.

THE CASE OF MRS. THOMAS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 26th ult. you have very feelingly and very ably advocated the cause of the bereaved widow of the late Samuel John Thomas, Esq., and have kindly consented to accept subscriptions in her behalf. In your succeeding number you had the satisfaction of recording that subscriptions to the amount of £18 5s. had resulted from your appeal, for which you are entitled to the grateful thanks of the widow and her friends.

Having visited Mr. Thomas several times during the last two years of his protracted sufferings, I am able from personal observation to bear testimony, on the one hand, to his utter helplessness, both in mind and body; and on the other, to Mrs. Thomas's exemplary devotion and unremitting attention to her afflicted and helpless husband. At these interviews further information than is contained in your appeal as to the duration of his illness, and consequently of the lengthened struggle against destitution undergone by Mr. and Mrs. Thomas necessarily came to my knowledge, and which, if made known to the profession and the public, will, I trust, induce others to render her their charitable aid. The additional information I allude to cannot be better brought before your readers than by transcribing the testimonials of two of Mr. Thomas's professional friends, written two years prior to his decease, in which the dates of his several attacks of illness are specified, showing that he was incapacitated for a period of five years from any professional duties or other profitable employment. They are here appended:—

"West-square, May 12th, 1862.

"I have been intimately acquainted with Mr. Samuel John Thomas since the year 1846, at which time he practised his profession of a surgeon, in London. In 1853 he emigrated to Australia, and in the midst of a successful practice there had the sad misfortune to fracture his leg. Having recovered from this accident he suffered from sun-stroke, which was followed by an attack of paralysis, in June, 1859, by which he lost the use of his left side. Again, partially recovered, a second attack supervened in the month of June, 1860, depriving him of speech, and rendering him totally incapable of practising his profession or of obtaining a livelihood. I am now attending Mr. Thomas professionally, and certify that his heavy affliction and distressed circumstances merit the kind sympathy and assistance of the charitably disposed.

"T. W. J. GOLDSBRO', M.D."

"12, Eaton-place South, Eaton-square, Aug. 8th, 1862.

"For several weeks I have visited Mr. Thomas at intervals of a few days. His case is one of the saddest ever brought under my notice, and taken in connexion with his antecedents, deserves every sympathy and assistance. From inquiries I have instituted, I have every reason to believe that his conduct, both as a professional man and a gentleman, has been irreproachable, and that, had not so severe a calamity befallen him, he would have been found in the ranks of the most successful of his profession. There is not, I fear, the slightest hope of any improvement in his health, and under these painful circumstances his case deserves every assistance which the humane and charitable can render him.

(Signed) "GEO. C. JONSON, L.R.C.P.E.,
Visiting-Apothecary to St. George's Hospital."

Deeming the above evidence sufficient to convince the benevolently disposed that Mrs. Thomas, in her present destitute position, both requires and deserves any assistance that can be afforded her, I will only further add that she is in every way capable of exerting herself to obtain a livelihood, and most anxious to do so if a situation of usefulness could be procured for her. The charge of an aged or permanently invalided lady, requiring kind, considerate, and judicious treatment, or the management of a household, or other place of trust where activity and the conscientious performance of duties were indispensable, are positions in which Mrs. Thomas's capabilities would be found most valuable. I have much pleasure in stating that Mr. Banting, the author of the well-known pamphlet "On Corpulence," whose philanthropy is by no means exclusively confined to the relief of sufferers from over-nutrition, has kindly interested himself in behalf of Mrs. Thomas, and has succeeded in obtaining the consent of Messrs. Coutts

to open a fund, to be designated "Subscriptions for Mrs. Jane Thomas." They have liberally headed it by their own subscription of £5, to which Mr. Banting and myself have each added a like sum. It is to be hoped that by the continuance of your kind aid in receiving subscriptions from the members of our profession, and by the channel now open to the public through the liberality of Messrs. Coutts, a sufficient sum may be obtained to secure for her something more than a mere temporary release from destitution. If Mrs. Thomas's friends would now exert themselves to make her distressing case generally known amongst the many charitable and benevolent persons always ready and willing in well-authenticated cases to render their assistance, surely it is not too much to expect that a sufficient sum may be collected, either to purchase an annuity for her, however small, or to place her in some position in which she may be able to maintain herself by her own exertions, and that her and their most earnest desire may be realized.

I am, Sir, your obedient servant,
SAMUEL A. LANE, F.R.C.S.

Grosvenor-place, Dec. 13th, 1864.

SUBSCRIPTION FOR MRS. THOMAS.

THE following sums have been received at THE LANCET Office :—

Amount previously announced	£18	5	0
Samuel Day Goss, M.D., Newington-place	1	1	0
A Poor Widow's (Surgeon's) Mite... ...	0	2	6
Lover of Industry	0	5	0
A Poor Surgeon	0	2	6
Dr. Aug. Brown, Islington...	0	10	6
Collected by Dr. Wolfe, Aberdeen ...	6	18	0
Per Messrs. COUTTS :—			
Messrs. Coutts and Co.	5	0	0
W. Banting, Esq.	5	0	0
Mr. and Mrs. Charles Hood	5	0	0

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At the last meeting of the Council

Jonathan Clerke, of Dublin, diploma of membership dated April 18th, 1828.

was admitted a Fellow of the College by election. The next preliminary examination for students about to commence their professional studies will take place at the College of Surgeons on Tuesday next; the primary or anatomical examination on the 14th proximo, and the pass or surgical on the 21st of January.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 8th inst.:—

Allen, Bryan Holme, University College Hospital.
Bullmore, Charles Forrester, Falmouth.
Carnley, Vaughan, Church-street, Barnsley.
Collier, Thomas, Bridgend, Glamorganshire.
Dove, John Reuben Bathurst, London Hospital.
Manser, Frederick, Chatham, Kent.
Peirson, George Brigg, Sherburn, Yorkshire.
Spooner, Charles Henry, Newington, Surrey.
Spyers, Thomas Charles, Faversham.
Wiltshire, Thomas, Abingdon, Berks.

The following gentlemen also on the same day passed their first examination :—

Goodall, Joseph, St. Bartholomew's Hospital.
Langdon, Charles George, St. Bartholomew's Hospital.
Sargent, James Forbes, St. Mary's Hospital.
Wright, Edward Seymour, London Hospital.

UNIVERSITY OF LONDON.—The following is a list of gentlemen who passed the late M.D. Examination :—

Hicks, John Wale, B.A., B.Sc., St. Thomas's Hospital.
Huxley, James Usher, King's College.
Lanchester, Henry Thomas, St. Bartholomew's Hospital.
Miller, John Nicholas, University College.
Moxon, Walter, Guy's Hospital.
Pye-Smith, Philip Henry, B.A. (Gold Medal), Guy's Hospital.
Stevenson, Thomas, Guy's Hospital.

FRENCH REGARD FOR POLAND.—The Minister of Public Instruction has just made known to the rectors of the different faculties of the kingdom that by the Emperor's wish Polish students should be admitted to all lectures without fees.

STAFFORDSHIRE INFIRMARY.—At a special meeting of the governors of this institution, held on the 1st inst., it was resolved that, after five years' deliberation, no other site than that which was already in possession of the governors could be obtained within three miles of the present infirmary; the meeting, therefore, adopted the land at The Mount for the erection of the new building. A rider was also added to the resolution recommending the committee to consider the question of accommodating the more distant parts of the districts by dispensaries and similar institutions.

TESTIMONIAL TO MR. RICHARD RUGG.—The presentation by the members of the Manchester Unity of Odd Fellows of a testimonial to Mr. Richard Rugg, in appreciation of his services as lodge surgeon for upwards of a quarter of a century, has recently been made. It consisted of a handsome silver cup with a suitable inscription.

MEDICAL CORONER FOR HEREFORDSHIRE.—There is a vacancy in the office of coroner for Leominster division of the county of Hereford. Dr. George Kemp is the medical candidate, and will, no doubt, receive the hearty support of his brethren of the county.

THE DINORNIS.—Great interest has been excited, says the *Sydney Morning Herald*, amongst the naturalists at that place by the news of the discovery of the moa's egg recently in New Zealand.

BEQUESTS.—Some seasonable bequests have been made to the following medical charities under the will of the late Joseph Underwood, Esq., of Hyde-park Gardens, who has bequeathed £200 to the Cumberland Infirmary, and £200 to the Norfolk and Norwich Hospital. Miss Maria Harman, of Calverly Lodge, Tunbridge Wells, lately deceased, has bequeathed £50 to the Dispensary of that place, and nineteen guineas each to the Maidstone Ophthalmic Hospital, the Brompton Consumption Hospital, and the Eye Infirmary.

DEMONOMANIA IN WOMEN.—The following case, well worthy of being remembered, was mentioned by M. Deluen at a meeting of the Medical Society of the Loire-Inférieure :—A woman was admitted into the hospital under the delusion that she was tracked and pursued by spirits. She moreover stated that the devil had made her pregnant. On examination, ovarian dropsy was diagnosed, and soon afterwards she was delivered of a child, which she would have strangled had those around not prevented her. From that moment she became perfectly sane!

INJECTING THE ISTHMUS FAUCIUM OF CHILDREN.—M. Guersant proposes a very simple instrument for that purpose. It consists of a hollow tongue depressor, the farthest end of which is perforated by several holes. At the near end is an aperture on which a syringe may be screwed. As soon as the tongue is fixed by the instrument the injection may be gently directed to the velum and tonsils.

MEDICAL VACANCIES.

Birmingham General Hospital—Resident Surgical Officer, vice Mr. Bracey, resigned.
Boston Union (Kirton District)—Medical Officer.
Chesterfield and North Derbyshire Hospital—House-Surgeon and Dispenser.
Chelsea, Brompton, and Belgrave Dispensary—Apothecary and Secretary.
Royal Pimlico Dispensary—House-Surgeon.
Williton Union—Medical Officer.

MEDICAL APPOINTMENTS.

W. M. BAKER, F.R.C.S., has been appointed Assistant-Demonstrator of Anatomy at St. Bartholomew's Hospital.

C. S. BAKER, M.R.C.S.E., having resigned the office of Resident Medical Officer to the Bath United Hospital, has been appointed Medical Registrar to that institution.

M. BEVERLEY, M.D., has been elected House-Surgeon to the Norfolk and Norwich Hospital, Norwich, vice C. Williams, M.R.C.S.E., appointed Hon. Surgeon to the Norwich Dispensary.

T. K. CHAMBERS, M.D., has been elected Consulting Physician to St. Mary's Hospital, on resigning as Physician.

E. E. DAY, M.B., has been elected Accoucheur to St. George's and St. James's Dispensary, King-street, Golden-square, vice A. Meadows, M.D., resigned.

E. ELLIS, M.D., has been elected one of the Hon. Medical Officers of the Royal Pimlico Dispensary and Lying-in Institution, Upper Belgrave-place, vice G. Cowell, M.R.C.S.E., resigned.

F. C. FAIRBANK, M.R.C.S., has been appointed Officer of Health by the Doncaster Corporation.

S. W. FISHER, M.R.C.S.E., has been re-elected one of the District Medical Officers of the Bristol Dispensary.

Mr. T. G. FORSHAW has been appointed Dispenser to the Infirmary and Dispensary, Bradford, Yorkshire, vice Tetley, resigned.

S. FOULDS, L.R.C.P.L., has been elected Medical Officer and Public Vaccinator for the Brampton District of the Chesterfield Union, vice J. Marshall, M.R.C.S.E., resigned.

T. H. HAIGH, M.R.C.S.E., has been elected Assistant Resident Medical Officer to the Leeds Public Dispensary, vice W. S. Bramley, M.D., resigned.

C. HAMMOND, L.R.C.P., has been elected Medical Officer and Public Vaccinator for the Sturminster District of the Sturminster Union, Dorsetshire, vice W. Cheesewright, M.R.C.S.E., resigned.

R. H. HILLIARD, M.D., has been appointed Government Medical Inspector of Emigrants for the Ports of Greenock and Glasgow, vice J. Fraser, M.D., resigned.

N. W. KEELAN, M.D., has been elected Medical Officer and Public Vaccinator for the Donamoyne Dispensary District of the Carrickmacross Union, Co. Monaghan, vice T. M. Fleming, L.K.Q.C.P.I., resigned.

H. KNOWLES, L.R.C.P.Ed., has been elected House-Surgeon to the Birmingham and Midland Free Hospital for Sick Children, vice J. E. Davies, M.R.C.S.E., resigned.

L. M'DERMOTT, L.K.Q.C.P.I., has been elected Medical Officer and Public Vaccinator for the Gurteen Dispensary District of the Boyle Union, Co. Roscommon, vice J. B. Fry, L.R.C.P.Ed., appointed to the Boyle Dispensary District.

N. F. M'LEOD, M.D., has been elected House Surgeon to the Paisley Infirmary, vice J. W. Taylor, M.D., resigned.

H. H. PARRY, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Kidlington District of the Woodstock Union, Oxfordshire, vice G. N. Swinson, L.R.C.P.Ed., resigned.

J. H. QUIN, M.R.C.S.E., has been elected an Assistant Resident Officer to the Leeds Public Dispensary, vice W. Rayner, M.R.C.S.E., appointed Assistant Medical Officer to the Stafford County Asylum.

P. J. SIMPSON, M.R.C.S.E., of Gower-street, Bedford-square, has been elected House-Surgeon to the Westminster General Dispensary.

Mr. J. STEWART has been appointed House-Apothecary, and Assistant to the Hon. Secretary of the Bridgwater Infirmary, vice Hurst, resigned.

A. N. TURNER, M.R.C.S.E., has been elected House-Surgeon to the Whitehaven and West Cumberland Infirmary, vice Whitehead, resigned.

J. B. VERNON, F.R.C.S., has been appointed Assistant-Demonstrator of Anatomy at St. Bartholomew's Hospital.

A. WILLETT, F.R.C.S., has been appointed Assistant-Demonstrator of Anatomy at St. Bartholomew's Hospital.

F. WRIGHT, L.S.A., has been appointed Medical Officer for District No. 4 of the York Union, vice Mr. J. Wright, deceased.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

J. F. BARTER, L.R.C.S.Ed., Assist.-Surgeon in charge of the Gaol at Seonee, Bengal, has been invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol under his charge.

C. P. BLAKE, M.D., has been appointed Assist.-Surg. to the 4th Devonshire Artillery Volunteer Corps.

A. H. BRAMAN, M.R.C.S.E., Assist.-Surgeon 27th Madras Native Infantry, has been appointed to act as Zillah Surgeon of Cuddapah until further orders, without prejudice to his regimental appointment.

J. BONNYMAN, M.D., Assist.-Surg. 89th Foot, has been appointed to assume medical charge of the Brigade Staff at Moolian, vice Staff Assist.-Surgeon N. Philliott, appointed to the 20th Hussars.

J. BURKE, Staff Assist.-Surgeon Army, has been appointed to do duty at the Colaba Sanitorium, Bombay, as a temporary arrangement.

T. DANE, M.R.C.S.E., has been appointed Assist.-Surg. to the West Middlesex Rifle Volunteer Corps.

J. S. FURLONG, M.D., has been appointed to assume medical charge of the Military Prison at Dugshai, Bengal.

W. S. GERVIS, M.D., has been appointed Surg. to the 4th Administrative Batt. of Devonshire Rifle Volunteers.

J. GRAY, M.D., Staff Assist.-Surg. Army, has been appointed to do duty with the General Depôt, Poona, Bombay, as a temporary measure.

C. HATCHELL, Assist.-Surg. Bengal Service, has been appointed to the medical charge of the 34th Bengal Native Infantry at Jhansie, vice Stewart, deceased.

S. A. HOMAN, Surg.-Major, attached to the Royal Artillery, Bengal, has been appointed to the medical charge of the Gwalior Political Agency, in addition to his other duties.

L. LUCAS, Assist.-Surgeon R.N. Sept. 22nd, 1857, has been appointed to the "Royal Adelaide" for Plymouth Hospital.

J. M'CLELLAND, Inspector-General of Hospitals Bengal Service, has been confirmed in the appointment of principal Inspector-General of the Medical Department, vice Forsyth, retired.

S. J. MANOOK, M.R.C.S.E., has been appointed Medical Officer and Assistant to the Commissioner of Chota-Nagpore, at Chyebassa, Bengal.

J. MENNIE, Assist.-Surg. Bombay Service, has been appointed to act as Staff Surgeon at Poona, during the absence of Surg.-Major Larkins, or until further orders.

A. J. NEWMAN, M.R.C.S.E., has been appointed Assist.-Surg. to the 6th Devonshire (Barnstaple) Rifle Volunteer Corps, vice Gamble, resigned.

H. F. ROBERTSON, L.R.C.S.Ed., Surgeon to the 40th Foot, has been appointed Staff Surgeon Army, vice Young, M.D., appointed to the 40th Foot.

A. S. RUSSELL, M.D., Assist.-Surg. B Battery 7 Brigade Royal Horse Artillery, has been appointed to assume medical charge of the 27th Foot at Bengal (temporarily), vice Surgeon W. A. Thompson, M.B., proceeded on sick leave.

C. E. WIVELSEY, M.R.C.S.E., Assist.-Surg. Bengal Service, has been transferred from Madhopore to the civil medical charge of Loodiana.

J. E. YOUNG, M.D., Staff Surgeon Army, has been appointed Surgeon to the 40th Foot, vice Robertson, appointed to the Staff.

Births, Marriages, and Deaths.

BIRTHS.

On the 4th ult., at Nassau, Bahamas, the wife of A. Morphew, M.R.C.S.E., Staff Surgeon Army, of a daughter.

On the 29th ult., at Colet-place, Commercial-road East, the wife of F. Turtle, M.D., of a son.

On the 6th inst., at Tinahely, Co. Wicklow, the wife of R. J. Leeper, L.R.C.S. Irel., of a son.

On the 7th inst., at Slynie, Fochabers, the wife of W. N. Duggan, M.D., Staff Assist.-Surgeon Army, Lagos, Africa, of a son.

On the 9th inst., at Sidbury, Worcester, the wife of W. Quarrell, M.R.C.S.E., of a daughter.

On the 11th inst., at Tinalinn, Lochgilphead, the wife of J. Sibbald, M.D., of a daughter.

On the 11th inst., at Mentone, near Nice, the wife of Dr. Siordet, formerly of Queen Anne-street, Cavendish-square, of a daughter.

On the 11th inst., at Norwich, the wife of C. E. Muriel, M.R.C.S.E., of a daughter.

On the 12th inst., at North Curry, Somersetshire, the wife of Thos. Plowman, M.R.C.S.E., of a son.

On the 13th inst., at Havelock-terrace, Westbourne-grove, the wife of James Donnet, M.D., Staff Surgeon Royal Naval Hospital, Lisbon, of a son.

MARRIAGES.

On the 1st inst., at Crowmarsh, Oxfordshire, W. Payne, M.R.C.S.E., of St. Austell, to Catherine, daughter of the Rev. J. Trollope, of Crowmarsh Rectory.

On the 8th inst., at Swymbridge, Devonshire, Andrew Fernie, M.R.C.S.E., of Barnstaple, to Mary, daughter of J. G. Maxwell, Esq., of Bydown.

On the 9th inst., at St. George's, Hanover-square, Edwin Fenn, M.R.C.S.E., of Fletching, Sussex, to Alice, daughter of the late T. Cooper, Esq., of Myland Villa, and Ardleigh, near Colchester.

DEATHS.

On the 15th of Oct., at sea, on his way to China to open a Medical Mission at Hang-Chow in connexion with the London Missionary Society, William Wells, M.D.

On the 19th of Oct., at St. Bartholomew, West Indies, Dr. E. A. Middleship.

On the 31st of Oct., at Dacca, G. S. Mann, Deputy Inspector-General of Hospitals, Bengal Presidency, aged 47.

On the 19th ult., at Saltash, H. P. Bennett, M.R.C.S.E., of Dominica, West Indies, aged 33.

On the 19th ult., at Treborth Hall, Carnarvonshire, R. L. Parry, M.D., of Amlwch, Anglesea.

On the 29th ult., of bronchitis, Chas. Henry Hyde, L.R.C.S.I., M.R.C.P.Ed., of Longford, Ireland, aged 37.

On the 1st inst., at Cannock, Staffordshire, Thos. Holmes, Surgeon, aged 55.

On the 4th inst., at Attercliffe, near Sheffield, John Shaw, M.R.C.S.E.

On the 5th inst., at Milngavie, Stirlingshire, William Logan, L.R.C.S.Ed., aged 36.

On the 10th inst., at Colet-place, Commercial-road East, Mary Gude, the wife of F. Turtle, M.D., aged 32.

On the 11th inst., R. F. Murphy, L.K.Q.C.P.I., of Pearemount, Rathgar, Co. Dublin, aged 57.

On the 11th inst., Robt. Walker, M.D., of Mosley-street, Manchester, aged 48.

BOOKS ETC. RECEIVED.

Dr. Goss's System of Surgery. Two Vols. (Philadelphia.)
Dr. A. Stille's Therapeutics and Materia Medica. Two Vols. (Philadelphia.)
Oswald Cray. Three Vols.
Dr. Neligan's Medicines; their Uses and Mode of Administration.
Dr. Slade on Diphtheria.
Mr. S. Wells on Long, Short, and Weak Sight.
Dr. M. H. Collis on Cancer.
Sir D. Brewster's Introductory Address.
Dr. A. V. Tröltsch on Diseases of the Ear. (New York.)
Mr. Cooley: Two Months in a London Hospital.
Mr. Brodhurst on Curvatures of the Spine.
Drs. Mitchell, Morehouse, and Keen on Gunshot Wounds. (Philadelphia.)
Dr. H. Davies on the Treatment of Rheumatic Fever.
Dr. A. W. Barclay's Medical Errors.
Gutch's Literary and Scientific Register.
Letts's Diaries.

Medical Diary of the Week.

MONDAY, DEC. 19	ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Hunt, "On the Present State of Medical Logic."
TUESDAY, DEC. 20	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEDNESDAY, DEC. 21	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARK'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, CALEDONIAN-ROAD. —Operations, 2 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations 2 P.M. LONDON HOSPITAL.—Operations, 2 P.M.
THURSDAY, DEC. 22	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON SURGICAL HOME.—Operations, 2 P.M. WEST LONDON HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
FRIDAY, DEC. 23	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
SATURDAY, DEC. 24	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. ROYAL FREE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

NON-MEDICAL CORONERS.

Mr. Godfray, of Jersey, writes to repudiate the report of the medical evidence given by him at an inquest on the body of Mr. Watts, of Jersey, as printed in the *British Press and Jersey Times* of November 7th, and commented on in THE LANCET of November 26th. The reprint of our article in various country papers, especially in the journal in question, has led to explanations. There was one remarkable piece of evidence in the report of the *British Press*, which ran thus:—"He (Mr. Godfray) could not state how long it was since death had occurred; but he accounted for the heat in the body from the fact that during insensibility circulation continues longer than it otherwise would." We were quite at a loss to fathom the physiological import of such a statement. Mr. Godfray forwards to us a letter from the Coroner, whose note of what he said runs:—"That possibly after the fall deceased had remained insensible, and that the body would then retain its heat longer, circulation going on just the same." The worthy Editor of the *Press* is "unable to see any material difference;" but we quite agree with Mr. Godfray as to the material difference of the two statements, and exonerate him accordingly on this head. He does not explain, however, how he diagnosed "concussion of the spine" from external post-mortem appearances, nor how he connected the supposed concussion of the spine with the death in the absence of an autopsy. Mr. Simon, the Coroner, informs us in his letter, that after the inquest Mr. Godfray did express his actual inability to declare the cause of death. This only amounts then to a confirmation of our remarks that the medical evidence was insufficient for the purposes of justice in this case, and that the guesses of the surgical witnesses were neither dignified from a scientific point of view, nor trustworthy from a legal point of view. In the absence of an autopsy, no opinion was worth having.

Constant Reader, (Liverpool.)—It is a wholesome and nutritious dietary.

ERYTHEMA GANGRÆNOSUM.

To the Editor of THE LANCET.

SIR,—I strongly think that your correspondent, Dr. Tilbury Fox, is right in supposing that Dr. Rooke has been deceived in his patient, and it is to prevent a false pathology that I trouble you with this communication.

All the appearances described by Dr. Rooke may be produced by the application of sulphuric acid, which was proved by a case which came under my observation some years since.

A young woman, named G——, a domestic servant, had for months in succession large white patches suddenly make their appearance on different parts of the body, followed by sloughing, some so deep that all the tendons on the back of the hands were destroyed, and the face presented a hideous appearance. Only one or two appeared at a time. The case excited a great deal of attention amongst medical men. She was a patient in succession of Colchester, University College, and Brighton Hospitals. Some of the authorities at the above institutions may recollect the case. She was repeatedly charged with causing her own illness, but this she strenuously denied. At last, by washing one of the spots, traces of acid were discovered by the house-surgeon of the Brighton Hospital. A strict search of the bed was made. Under it, concealed, was discovered a bottle of sulphuric acid. She was ignominiously dismissed. She returned to this town, and so annoyed was she at her tricks being discovered that she ended her days by throwing herself into an adjoining river.

Yours truly,

Chelmsford, Dec. 12th, 1864. OSWALD COPLAND, M.R.C.S.

To the Editor of THE LANCET.

SIR,—The following brief account may be interesting to Dr. Rooke and others at this moment:—

On the 25th of November I was requested to visit a domestic servant in this neighbourhood, who had "something the matter with her breast." On examination, I found on the left breast two circular patches of the respective sizes of a florin and a shilling, having a yellowish-white appearance (like oiled white leather), surrounded by an erythematous areola. The integument was evidently destroyed, the cuticle, however, being intact. The patient gave this history of the affection:—On the afternoon before, a fellow-servant offered her a small sponge with "scent," which, as she was busy cooking, she "put into her bosom," and forgot all about the matter until she went to bed. She then noticed two brownish spots on her breast, where the sponge had been, which stain she tried to wash off. The next day they became painful, and she sent for me.

I found that the sponge (intended for a smelling-bottle) had been filled with acetic acid and some aromatic essential oil—"aromatic vinegar." I may add that the sloughs separated on the 5th of this month, leaving a healthy granulating surface.

Does the very usual possession of this agent by females, and the remarkably painless action in this instance, throw any light on Dr. Rooke's case?

Yours faithfully,

Wells, Somerset, Dec. 7th, 1864. H. W. LIVETT, M.D.

A Young Surgeon will find full particulars in the printed regulations of the India Office, and the "memorandum" concerning the position of medical officers of the Indian army.

M.R.C.P. should try the bromide of potassium.

TREATMENT OF EXCORIATED NIPPLES.

To the Editor of THE LANCET.

SIR,—In the treatment of this very troublesome state of the nipples, I have found a cure to follow the application of equal parts of the expressed juice of the house-leek (Sempervivum tectorum) and cream, applied three or four times a day after bathing the part with warm milk-and-water, and then drying it with a soft towel.

I am, Sir, yours, &c.,

December 6th, 1864. BERNARD O'CONNOR, M.R.C.S.

THE ADVERTISING QUACKS AND THE PRESS.

THE following, amongst other articles, have appeared as comments upon the recent article in THE LANCET on this subject. *Punch* of November 30th has especially an admirable article, replete with sense and wit, headed "Indignation Meeting of Quacks," which is too long for us to reprint, but to which we refer those of our readers who may not already have seen it. The *Leeds Mercury* of November 26th has also an excellent article on the subject, and we are glad to learn that this influential journal has resolved totally to exclude the objectionable advertisements. We trust that this example will be widely followed, and we will readily publish for the information of our readers the names of other journals adopting the same honourable course:—

(From the *Oxford Times* of December 10th.)

"The recent conviction of the advertising quacks, Henery and his accomplice, for endeavouring to extort money from one of their victims, has led to an onslaught on the press, metropolitan and provincial, for aiding and abetting these miscreants as well as others in their diabolical pursuits. The great leviathan, *The Times*, the *Saturday Review*, THE LANCET, and other publications, have handled the subject with considerable ability, and put it in all its bearings fully and fairly before the public. Our sympathies go entirely with them, and we can fully endorse all they have urged, and are enabled to do so with perfect consistency, inasmuch as when we started the *Oxford Times* we laid down a principle which we have steadfastly adhered to—namely, to exclude from our columns all those disgusting quack advertisements, which unfit a newspaper for the domestic circle and for the perusal of youth generally, and which carry with them a moral taint which ought to be sufficient to exclude their admission into decent society.

"It was a bold venture for a paper just emerging into life, to trust to its own strength, and discard those ready but very questionable props which even the oldest metropolitan and provincial papers so gladly take advantage of, and to which they devote so much valuable and prominent space. It was besides a sacrifice in a pecuniary sense; but we have had the courage to withstand all the temptations of continuous advertisements for twelve months, and payments in advance, and we have been induced to do so on these grounds. First, because such advertisements are an outrage on decency and morality, and a disgrace to any and every publication in which they appear; secondly, because it is unfair and unjust to the public to appropriate to such garbage that space which ought to be devoted to more interesting and valuable matter; and lastly, because it is unfair and unjust to the legitimate advertiser to place his advertisements in such questionable company, and at the same time to charge him at least four times more for their insertion."

(From the *Surrey Advertiser* of December 10th.)

"The facts stated by our able contemporary, and the deductions drawn from them, must be admitted by everyone who reads newspapers. That the evil is fostered by provincial journalism to a far greater extent than in the metropolitan papers is unfortunately but too true. Nor need we go beyond the limits of West Surrey for unblushing witnesses of the shameful fact. In almost every journal published in our county those obscene and disgusting advertisements offend the eye; and in some whole columns of filth occupy the space that should be filled with legitimate commercial announcements, or—should the paper, from its want of character, circulation, or influence, be unable to obtain the latter—by general news, or such matter as would not bring a blush to the cheek of modesty. We hold that any newspaper containing the abominations referred to by THE LANCET is wholly unfit for introduction to the family circle; because those advertisements are calculated to excite in the young mind that morbid curiosity which oftentimes saps the foundations of morality, and because they lay a poisonous bait which unsophisticated youth is but too easily caught with. Let the quacks then have no longer a voice in the household; let not their lying professions and groundless promises circulate around the domestic hearth; let not their moral sores fester in the very heart's core of the most innocent and best beloved, and virtue, peace of mind, and health of body shall be untainted by the mountebanks who traffic in their destruction."

A Disgusted Associate.—The *British Medical Journal*, in bringing a charge which it has not substantiated,—the vague imputation of homœopathy on a correspondent not particularized,—and in repeating it without affording proof, after being challenged to the proof, adopts a course which is the reverse of that which is honourable or candid.

C. C.—Lead and copper are the more frequent sources of poisonous symptoms in such cases. Cooking and analogous utensils should be scrupulously attended to.

B. A.—We cannot recommend a consultation with the party named. He is a low quack and a systematic extortioner.

PHYSICIANS BY PURCHASE.

To the Editor of THE LANCET.

SIR,—I was glad to see in your last number the remarks of "M.D." and "M.R." upon the singular letter of your correspondent, "M.R.C.S. and L.A.C."

I am sorry to say that, from personal experience, I can confirm the warning of "M.R." that "if 'M.R.C.S. and L.A.C.' knew the general class of men who bought the licence at Edinburgh, he would not be ambitious to join their ranks," as I myself know one of them who, having no other medical qualification, puts "Dr." on his door, and on all occasions expatiates upon the vast distinction between a *physician* and an *ordinary practitioner*.

Now, I would ask "M.R.C.S. and L.A.C." if he would not be bringing ridicule upon himself and discredit upon his qualifications by allowing himself to be classed with this kind of practitioner?

I know that many gentlemen of good attainments and repute have taken the licence by examination, and in such hands it is entitled to respect; but as *these* are content to be regarded as general practitioners, I cannot see that it would add greatly to the professional status of "M.R.C.S. and L.A.C." to join them. If he thinks it would, by all means let him go up. I am told that the examination is a sound and good one.

At all events, fortunately for himself and his profession, he may rest assured that the Edinburgh College will not repeat the great mistake of 1859; but would no doubt gladly repurchase those licences at any cost, if by so doing they could obliterate the whole transaction.

I remain, Sir, your obedient servant,

Dec. 12th, 1864. PHIZ.

THE LONDON AND GENERAL WATER PURIFYING COMPANY.

ALTHOUGH the Metropolitan Water Companies are now compelled by law to provide filtered water, yet the condition, though a great improvement upon what it was years ago, in which it reaches our cisterns is far from satisfactory. It still holds in suspension both mineral and organic as well as other impurities, and these are to a great extent removable by filtration. The filter of Mr. Danchell is one of the best with which we are acquainted; its operation is both mechanical and chemical, and owing to the large bulk of carbon used, and the ease with which this may be renewed, its action in this latter respect is very much more satisfactory than that of most filters. The success of this Company is therefore much to be desired; for it will not only confer a great boon on the inhabitants of this metropolis, but it will be of still greater service in country towns and villages, where the character of the water-supply is even more objectionable than in London, and where no provision has been made for the filtration of the water previous to its entering the cisterns. Other advantages of the filter are its adaptation to house cisterns, and the little attention it requires after being placed therein. Much of the success of the Company will, however, depend upon the workmen employed to fix the filters in the first place, and next to keep them in order. These must be thoroughly reliable and trustworthy men, otherwise the Company will be inundated with complaints, and this not from any defect in the principles involved, but from want of due attention to details.

Percops will perceive that the "absurdity" was noticed in our last.

On the Death of Dr. Birkes.

The earnest lab'rer's work on earth is o'er:
His gentle voice is hushed. Alas! no more
His kindly teachings press us on to fame;
But mem'ry throws a halo round his name.
At once the friend of weary and distress'd;
With intellectual pow'rs highly bless'd;
The good adviser of the rising youth;
An energetic champion of truth.
Sincere and noble in his every deed;
Our loss, his absence—they will prove the need
Of such a councillor to lead us on,
And point the road which he before had gone:
His footprints mark the rugged pathway still,
And we may follow if we have the will.
That will we *must* have, and that pathway tread,
If we would tribute pay th' immortal dead.

Bath, December 13th, 1864. FRATER MINOR.

Another Eldacre. — We have no other opinion than that which we have expressed from the first, that the Davenports are clever conjurors and impudent impostors. The rank nonsense with which Mr. Fergusson opens the proceedings is nauseous and absurd, and has undoubtedly annoyed many who would be willing enough to be amused by the clever tricks, but are disgusted at the solemn protestations that the Davenports are unconscious of the power which ties and unties them, and the sham scientific talk about negative emanations by which he explains the use of the cabinet in the one *séance*, and the turning out the lights in the other. The Davenports are self-exposed by their refusal to be tied with tape or pack-thread—a very simple test, in the presence of which the "spirits" at once break down. They are willing enough to phosphorize their instruments, so that they may be seen when waved about in the dark; but they will not consent to *phosphorize* their hands, so that their disposal might be observed in the dark.

THE GOSS TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—With the third and final list of subscribers to the above Fund, I beg to tender you the best thanks of the Committee for your kindness in having aided them in the object they had in view. The sum required having been subscribed, it will at once be handed over to Dr. Day Goss.

Robert Bianchi	£0	10	6
G. Brennan	0	10	6
Jno. Hutchinson	0	10	6
Ed. Pinder	0	10	6
L. Weaver	0	10	6
The South London Medico-Ethical Society ...	2	2	0

I remain, Sir, your obedient servant,
NOWELL STOWERS, M.R.C.S.

30, Newington-place, S., Dec. 14th, 1864.

Juvenis.—No particular books are recommended. Any of the standard elementary works may be used.

Mr. T. A. Barker.—The circular is a low trade production. The name of its author is not in the Medical Register.

"ATAXIE LOCOMOTRICE."

To the Editor of THE LANCET.

SIR,—Will you or one of your readers kindly inform me whether any English author has noticed the paralytic disease discovered and described by Dr. Duchenne, of Boulogne, under the name of "ataxie locomotrice;" and also its treatment by the continuous non-inductive galvanic current, as proposed by Prof. Remak, of Berlin?

The above information will much gratify, Sir,
Your obedient servant,

Paris, Dec. 10th, 1864. M.D. Paris.

*** Mr. Lockhart Clarke, Dr. Roberts (of Manchester), and Dr. Moryon (whose work we reviewed last week) are authorities on the question. Dr. Symes Thompson read a paper last year on the subject at the Medical Society of London.—ED. L.

A Practical Man should remember that practice based on science is the most satisfactory. As an example of the application of abstract scientific principles to useful practical purposes, may be instanced the recent ingenious use by Mr. Roscoe of spectrum analysis to the manufacture of steel by the Bessemer process. One of the great drawbacks to the successful working of the latter for conversion of cast iron directly into steel has been the difficulty of determining the exact point at which the blast of air passing through the molten metal is to be stopped. If the blast be continued for ten seconds only after the proper point is reached, the charge becomes either so viscid that it cannot be poured from the converting vessels into the moulds, or it contains so much carbon as to crumble under the hammer. Long experience as to the general condition of the flame issuing from the mouth of the converting vessel has hitherto guided the workman in cutting off the blast. But now the spectrum of this flame is examined, and the changes which periodically occur are noted with scientific accuracy.

THE SICKNESS OF PREGNANCY.

To the Editor of THE LANCET.

SIR,—In answer to "Enquirens," I beg to say if he will use either of the following plans of treatment he will meet with benefit:—In the morning, an hour before rising, let the patient drink about three ounces of very strong, hot decoction of coffee, and during the day the food must be liquid, taken in small quantities, and often. If this fails, try in conjunction five drops of tincture of iodine in a teaspoonful of cold water every two hours—highly lauded by Dr. Churchill, I think, at least if my memory serves me; so Dr. J. G. Wilson, of this city, told me when recommending its use in a case which resisted every other mode of treatment, but which was cured at once by a few doses.

Should everything fail to give relief, and all food taken be instantly rejected, what can be done? Nutrient enemata, very concentrated and frequently used, afford the only chance of quieting the irritable stomach. Such a plan may be used for many weeks, and in my hands has never failed to soothe the irritable stomach and continual nausea. After a period of from three or four days to as many weeks, food may again be very cautiously partaken of, and will in the majority of cases be retained without any troublesome symptoms. I have followed the latter plan of treatment in three or four extreme cases, and had no cause to regret doing so, the patients and children not having suffered any injury; while I am positive one patient at least would have died had she not been kept up by the enemata alone for sixteen days, nothing but a small quantity of ice having been swallowed during that time.

I am, Sir, your obedient servant,
Glasgow, Dec. 7th, 1864. JAMES PATTERSON CASSELLS, M.D.

To the Editor of THE LANCET.

SIR,—If your correspondent, "Enquirens," who writes to know what remedy to employ for the sickness of pregnancy, will use ice,—a small lump being placed on the tongue now and then, and allowed to dissolve gradually,—I think he will be able to control that troublesome symptom. I have two cases under my care which have obstinately resisted every other remedy, but which are quite controlled by the use of ice.

I am, Sir, your obedient servant,
Bayswater, Dec. 7th, 1864. E. H. V.

To the Editor of THE LANCET.

SIR,—If "Enquirens" would cause his interesting sufferer to lie on her back, with her pelvis raised, and supported a little higher than her shoulders, I think he would find the patient much relieved.

Should any good result follow this plan, perhaps "Enquirens" would be good enough to report it through the same medium by which he has sought advice.

I am, Sir, yours truly,
Dec. 6th, 1864. L.R.C.P.E.

SURGICAL MECHANISM IN LIVERPOOL.

To the Editor of THE LANCET.

SIR,—My attention having been called to the correspondence under the above heading, respecting the want of surgical appliances in this town, allow me to ventilate through your columns the great want of an hospital here for the treatment of deformity in its varied and painful forms. I do think if such an institution could be established, to be called, say, the "Orthopædic" Institution, the benefits it would confer would be immense.

This subject has for a long time occupied my attention, and I think it a reproach to a town like Liverpool, approximating to a million of inhabitants, to be so far behind the metropolis in institutions of this kind. I am sure, Sir, the merchant princes of this good old town would join most heartily in such a movement, and that we should find in their subscriptions a reflex of those kindly hearts which beat for the moral good, the physical health, and spiritual happiness of their less favoured neighbours.

If this crude idea should meet with a favourable response from those interested, my services are to be commanded to take the initiative.

Very truly yours,
Phythian-street, Low-hill, Liverpool, Dec. 3rd, 1864. JOHN BOND.

MEDICAL DEATH CERTIFICATES.

To the Editor of THE LANCET.

SIR,—Dr. Edmunds having mentioned my name in reference to the above case, I trust you will favour me with a short space in your next number.

I am the partner of Mr. Todd, and with him made the first post-mortem examination. I therefore assume that I am in the best position to give an exact description of the post-mortem appearances.

Dr. Edmunds' statements that the body was mutilated, that Mr. Todd had not seen the child at all, that the body was not blanched, with Mr. Todd's expression as to the magnitude of the gland, are all absolutely false and untrue.

I trust that your readers will treat with their just contempt the man who thus bears false witness against his neighbour.

Dr. Edmunds acknowledges that he had twenty-four hours' notice; therefore his excuse about the daylight preventing him giving notice to Mr. Todd of the second post-mortem is simply nonsense.

I may also state that the first post-mortem examination was very carefully made. The quantity of blood in the small intestines was quite to the amount stated by Mr. Todd, and there is not a shadow of a doubt but that the child died from hæmorrhage, consequent on the extensive disease of the mesenteric glands.

I am, Sir, yours obediently,
FREDERICK J. REILLY, M.R.C.S.

Devonshire-terrace, Globe-road, Mile-end, Dec. 14th, 1864.

B. and C. (Uttoxeter.)—The words of the contract are specific and clear:—"A. to use every means in his power to obtain as far as possible a *bonâ-fide* transfer of the patients to B. and C." A., under these circumstances, is not justified in sending copies of prescriptions from his day-book to his patients before leaving the town. Such conduct violates the spirit and, we believe, the very letter of the contract. A. would further break his contract by giving any prescription or advice by letter to any of his former patients, except through B. and C. To enforce the fulfilment of the contract in law or equity, it would be necessary for B. and C. to prove absolute damage or loss as the direct result of the conduct of A. If such proof were forthcoming, the Court of Chancery would grant an injunction to restrain A. from such a course. An action for damages might be sustained in a court of law, and the amount of these damages must be decided by the amount of penalty named in the contract for the infringement of the agreement, or by the special circumstances which might be adduced before the jury.

A NEW MODE OF TREATING DISEASES OF THE CAVITY OF THE NOSE.

To the Editor of THE LANCET.

SIR,—I have perused Dr. Thudichum's paper in your journal of Nov. 26th on the above subject with great pleasure indeed, and I beg to congratulate him on having introduced to the profession he so much adorns so simple and so effectual a method of treating a hitherto most unmanageable class of diseases.

As Dr. Thudichum has waived priority of claim as regards originality in favour of Professor Weber, of Halle, I am sure he will not be displeased to learn that I have used since the year 1859 a similar plan of treatment in diseases of the nasal cavity, the discovery being purely accidental on my part.

In March, 1859, a lady patient consulted me about her waitress, an orphan, in whom she took great interest, and whose only fault was an exceedingly fetid breath. On making an examination, I found that she was the subject of chronic ozæna. One morning, when syringing her left nostril, an enormous plug of congealed muco-pus came out of the right nostril, followed by a copious stream of water. The conclusion I then came to was inevitable, so I changed the nozzle of my instrument to the right side, and the stream came down the left nostril.

Since that time I have had many similar cases to treat, and I have always followed the same plan, and with marvellous success. I quite agree with Dr. Thudichum when he says—"It is really surprising what an amount of sordes will sometimes be removed from the nose by this rinsing process."

The means which I have always adopted have consisted of a pint jug of tepid water (my consulting-room water-stand with hot and cold water and waste-pipe) and one of Higginson's invaluable syringes. Occasionally I have had to add a deodorant, and I know none better than the following tincture, a teaspoonful of it being added to a pint of tepid water:—Tincture of camphor, tincture of myrrh, of each three drachms; soap liniment, two drachms; glacial acetic acid, twenty minims; oil of pitch, one drachm.

I have never had any difficulty with any of my patients when I have taken time and moderated the force of the injection to what they seemed able to bear, always commencing with great gentleness, and inserting the nozzle gradually whilst the injection is proceeding. I have never required in the worst of cases to medicate the injections further than stated. Constitutional treatment has accomplished all else.

In conclusion, allow me to direct the attention of Dr. Thudichum and your readers to the *surgical* aspect of this simple discovery.

In June, 1860, the child of one of my patients was brought to me, a little girl, two years of age, who had pushed an Indian bead up the right nostril. The mother had made vain attempts to pull it down, and succeeded in pushing it entirely out of sight, accompanied with profuse bleeding and terrific squalling. While the mother held the child's face over my basin, I forcibly injected some tepid water by means of Higginson's syringe up the left nostril, when the bead with one single compression of the elastic cylinder made its appearance in the basin.

There is a Yankee method of treating such cases, which, though inelegant, is still very ingenious. It is as follows:—An emetic is first administered to the patient; a pocket-handkerchief is then tied tightly over his mouth, and held there until the usual medicinal effect takes place. It is not difficult to "calculate" the result.

Your obedient servant,
Liverpool, Nov. 28th, 1864. THOS. SKINNER, M.D.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

Dr. Mackinder, Gainsborough...	£0	5	0
Dr. Bryan, Northampton	0	5	0
G. John Hinnell, Esq., Thingoe	0	5	0
Amount previously announced...	108	4	6
Received at THE LANCET Office	6	14	0

Yours obediently,
ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate-street Without, Dec. 14th, 1864.

"POGNOTROPHY" IN THE POLICE FORCE.

To the Editor of THE LANCET.

SIR,—Permit me to call your attention, and, through the medium of your journal, that of the Commissioners of Police, to a matter which I consider is of no small importance to the able and well-deserving body of police constables. They are much exposed to cold and night air during the present inclement season, and in consequence they suffer in a very deplorable manner from chest complaints, which only too frequently end in phthisis. We must, of course, expect this exposure to be much aggravated as the cold weather advances. Would it not then be wise and humane to grant them permission, with due restrictions, to cultivate the beard, the protection which Nature herself has provided against cold, and which I believe to be the most efficient preservative against catarrhs and other chest affections? The means are simple and efficient, and I am forced to believe that they who oppose its use take upon them a very grave responsibility.

I am, Sir, yours, &c.,
Dec. 10th, 1864. H. F. W.

*** The suggestion of our correspondent is worthy of consideration.—ED. L.

PROFESSIONAL ETIQUETTE.

A CORRESPONDENT of great respectability puts to us the following question:

"Are the rules of professional etiquette to be observed towards a homœopathic practitioner who holds a legal qualification, such as M.D.? I wish to know this, as such a person is attending a personal friend of my own, and I have been at a loss how to behave with regard to him, more especially as my friend has no confidence in homœopathy himself, and merely employed the person referred to accidentally as being the nearest doctor."

The laws of etiquette were formed for the purpose of establishing a brotherly and honourable course of conduct amongst the members of our profession. The interests of the public are as deeply, or more deeply, involved in this subject than those of the profession. Nothing can be more detrimental to the interest of patient or doctor than unseemly misunderstandings or squabbles upon points of conduct. That a consultation should be a benefit to the sufferer, it is essential that the consultants should agree at all events on the main principles of the practice of medicine. Medicine is not infallible, and a wide range is very properly allowed for differences of opinion as to treatment. But even this has its limits, and what is absurdly called homœopathy is beyond these limits. A qualified man who repudiates common sense, and may even be suspected of repudiating common honesty, has no right to complain if he is tabooed by the orthodox members of his profession. A consultation between a legitimate practitioner and a homœopath would be the veriest farce that ever was acted. How could the patient benefit by such a conference? Might he not, on the contrary, be seriously injured? The duty of the orthodox or legitimate practitioner in such a case is clear. If the case be serious, he is bound by a sense of humanity to explain to the friends of the patient the real position of the sufferer. In doing this he should avoid observations that might be construed in any way as offensive. At the same time they should be of such a nature as to indicate the utter uselessness of a consultation. The friends would have to decide, and the legitimate practitioner has no option in the matter, but must retire if the homœopathic doctor is preferred to himself. If the case happen to be one in which medical treatment is the secondary consideration, it is a matter of little importance to the patient whether he is to be treated dietetically and upon the "do nothing system" by the one doctor or the other. In the immediate case submitted to our opinion, as the patient has no faith in homœopathy, it is remarkable that he should submit to be trifled with. He has no right to "place his friend" in an unpleasant position. The patient is a free agent, and is entitled to choose for himself, and we are quite at a loss to understand that false delicacy which might imperil life upon a mere point of etiquette. Honourable practitioners, in virtue of their calling, are bound to uphold legitimate principles, and on every occasion to repudiate connexion with homœopathists—not necessarily with any degree of rancour, but under the honest conviction that the interest of the patient demands a decided, though not an offensive course of conduct.

ERRATUM.—In the brief memoir of Dr. Wood, which appeared in the last LANCET, it is stated that Captain Richards was captain of the *Orlando*; whereas he is hydrographer to the Admiralty, and Dr. Wood was his surgeon when he commanded the *Hecate*.

FROM want of space we are compelled to defer the publication of the letters of *Mr. T. Holmes* on "Hospital Hygiene," and of *Indophilus*; articles on Biology, Sanitary Work at Bridgwater; and the reports of the Pathological and Odontological Societies.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. T. Holmes; Mr. S. Solly; Dr. Noad; Dr. Hassall; Dr. Hermann Weber; Dr. Walton; Dr. Duke; Dr. West; Dr. Fairless; Mr. Barber; Mr. G. S. Smith, Edinburgh; Mr. Stowers; Mr. Johnston, Barnstaple; Dr. Fowler; Mr. Sutton, Smethwick; Mr. Moxon (with enclosure); Dr. Kemp; Dr. Hyde, Longford; Mr. Griffith, Melford; Mr. Bramwell; Mr. Lomas; Dr. Poole; Mr. Reilly; Mr. Scudamore, Birmingham; Dr. Cole, Bath; Mr. Fairbank, Doncaster; Mr. Autey, Aycliffe; Mr. Davies; Mr. Collier, Littleborough; Mr. Copland, Chelmsford; Mr. Weston (with enclosure); Dr. Jones, Macclesfield; Mr. F. Danford; Mr. Barter, Bath; Mr. Dunn; Mr. Gell; Dr. Hunt, Ballinasloe; Mr. Herd, Forfar; Dr. Greatrex; Mr. White; Mr. Edwards (with enclosure); Mr. R. Collins; Dr. Spyers, Faversham; Mr. J. Kite (with enclosure); Mr. Graham; Dr. Harker, Lancaster; Mr. Sutcliffe, Whitehaven (with enclosure); Mr. Gardner, Bungay; Dr. Carson, Coleraine; Dr. Carl T. Schmid; Mr. Wright, Bathurst (with enclosure); Mr. Courtenay; Mr. A. J. Sheridan, Beerthoom (with enclosure); Mr. Priest, Waltham; Mr. Reed; Dr. Green; Mr. W. Pye, Maidstone; Dr. Duncan, Bradford; Rev. J. Johnstone, Bawtry; Mr. Parker, Bath; Mr. Whitford; Dr. Hilliard, Glasgow; Dr. Eastwood; Dr. Turtle; Messrs. John Smith and Co.; Mr. J. S. Greene (with enclosure); Dr. Child, Oxford; Mr. Jenkins; Mr. Brook; Dr. Cassells, Glasgow; Mr. J. Orrell, Worcester (with enclosure); Mr. Ryder; Mr. Long (with enclosure); Mr. Woodward; M.R.C.P.; Juvenis; T. S.; A Constant Reader, Liverpool; S. C.; A. B.; S.; A. H. (with enclosure); B. and C.; A Country Surgeon Odontological Society; R.; Professional Etiquette; An Enquirer; R. W. L.R.C.P. London; A. M.; Society of Arts; H. F. W.; Pathological Society C. W., New York; G. B.; J. K. W.; H. M.; Steevens' Hospital; M.D. Paris A Constant Reader, Dublin; G.; A Disgusted Associate; A Practical Man; Fides; Forceps; &c. &c.

THE *Surrey Advertiser*, the *Brighton Examiner*, the *Bridgwater Standard* the *British Press*, the *Tiverton Gazette*, the *Oxford Times*, the *Friend of India*, the *Brighton Guardian*, and the *Delhi Gazette* have been received.